

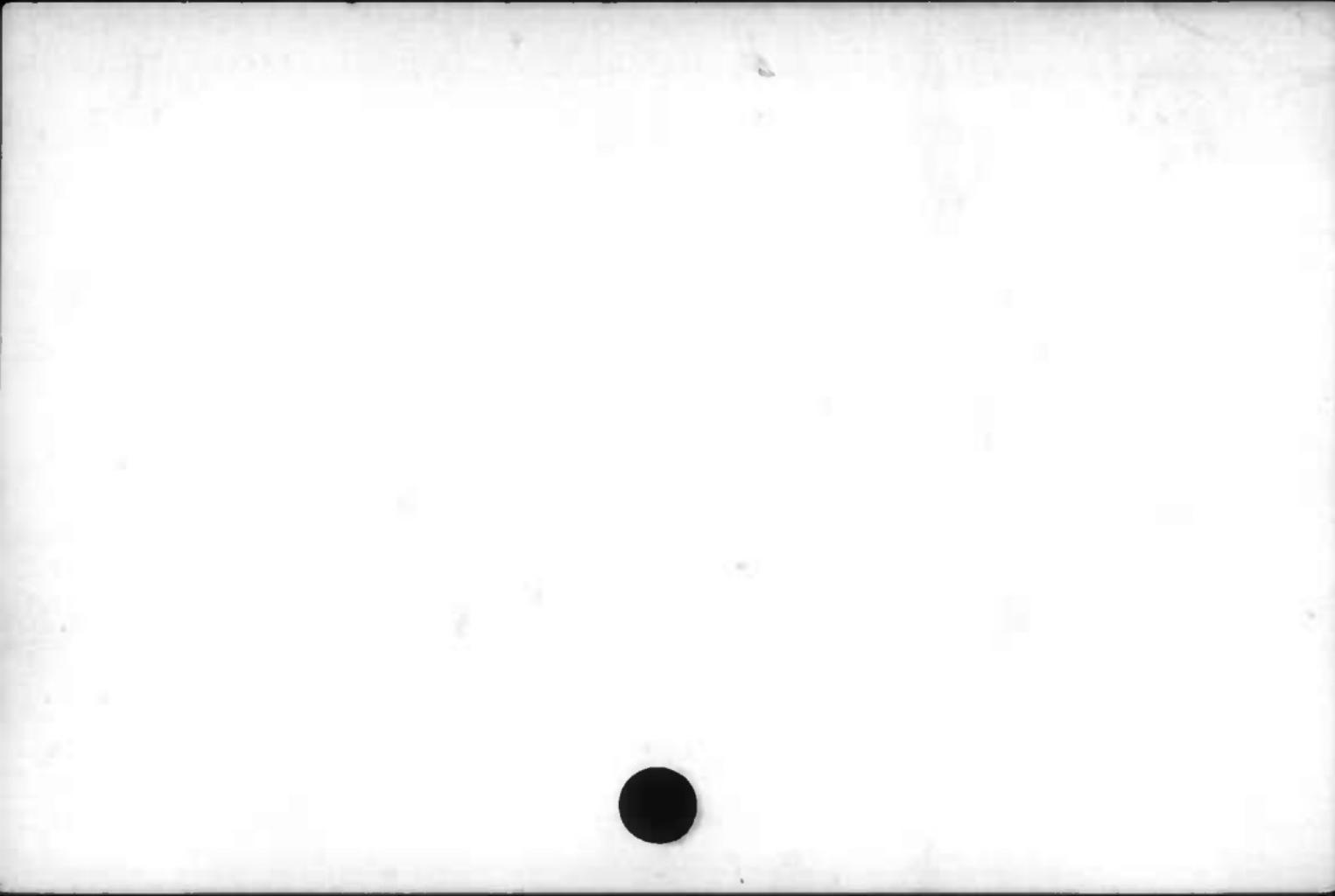
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND		
Died at	Cumberland	Month	Day	Years	Age	Month	Days	
Date of death	1907	11	8		70			
Sex	Female	Color or Race	Cumberland	Birth-place				
Occupation			Where Residing If not at place of death	Cumberland				
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Deekins			Father's Birthplace	Don Kinn			
Mother's Maiden Name	Deekins			Mother's Birthplace				
Name of person giving information	John T. Day			How related to deceased	Son			
Primary	CAUSES OF DEATH				(93)	How long		
Immediate	Pneumonia	Cardiac Failure	Spungens Spands	3 dys.	12 hrs.			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	104 N. Mc Clellan					
yes								
Accident or Suicide								



Name
in
Full

Alexandria Allen Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Died at Cumberland
Date of death Month Day Years Month Days
1909 Nov 22 - - 12
Sex Male Color or Race Colored Birth-place Cumberland
Occupation None Where Residing if not at place of death
Married, Single Name of Wife or Husband None Father's Birthplace
Single
Father's Name Alex Allen Va
Mother's Maiden Name Prudie Try Mother's Birthplace Bedford Pa
Name of person giving Information Alex Allen How related to deceased Father

CAUSES OF DEATH

157

How long

12 days

How long

12 hours

PHYSICIAN
OR CORONER

Primary

Feeble Constitution

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

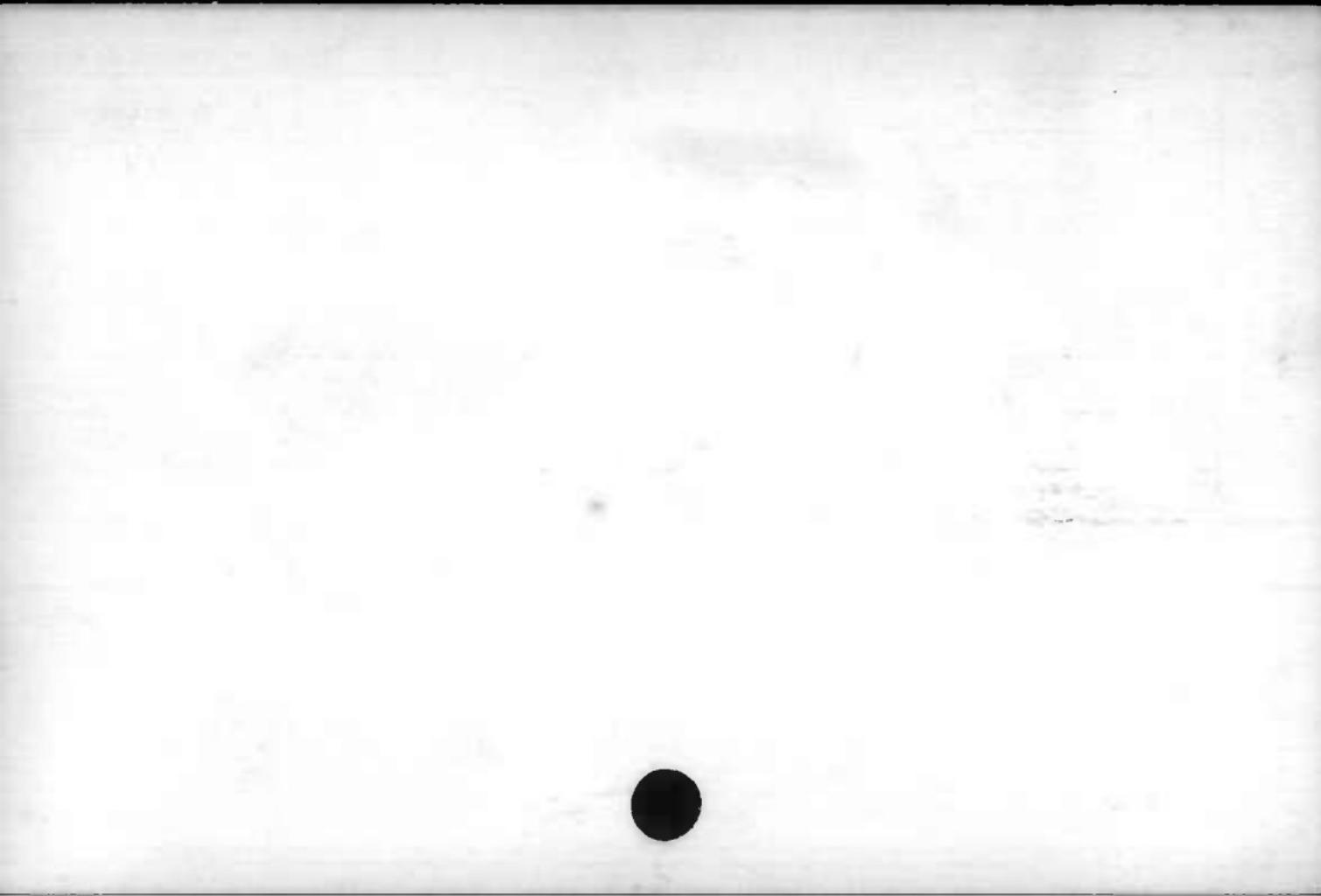
Signature of Physician

Address

J. M. Spear.

Louis Stein

Accident or Suicide



Name
in
Full

Elizabeth Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND				
Died at	Cumberland	Ridgway				
Date of death	Month Nov	Day 24	Age 29	Years	Month	Days
Sex	Female	Color or Race	White	Birthplace	Mar	
Occupation	Housenife	Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of Wife or Husband	Geo Ambrose			
Father's Name	S. H. Stoller	Father's Birthplace	A. Va			
Mother's Maiden Name	Emma Catlett	Mother's Birthplace	D.K.			
Name of person giving Information	Geo Ambrose	How related to deceased	Husband			

CAUSES OF DEATH

Primary

Tuberculosis Pulmon

27

How long

2 yrs

Immediate

St. rauitis

How long

1d

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Stein

Yes

G. H. Broder Jr.
Cumberland
Swadrup Rd

Accident or Suicide

Great Lacobon H. Ray

PHYSICIAN
OR CORONER

Great Cacique

158 Pennsylvania.

Name
in
Full

Viola Ambrose.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Days
Sex	Color or Race	Age	4	—	—
Occupation	Where Residing if not at place of death	—	—	Birth-place	Comba.
Married, Single or Widowed	Name of Wife or Husband	—	—	Father's Birthplace	W. Va.
Father's Name	George Ambrose.	—	—	Mother's Birthplace	W. Va.
Mother's Maiden Name	Lizzie M. Stoller.	—	—	How related to deceased	Father
Name of person giving Information	George Ambrose.	—	—	1	How long

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhic Fever	How long	1 week
Immediate	Pneumonia & Embolus	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. L. Broadus, M.D.
Address	Great Gacason	Address	Comba and 98th Ave. Md
Accident or Suicide	No	Office Supply Co., 11-15-08	

Great Gosaian

morgan bo

Mr. see

Name
in
Full

Frederick Oscar Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cripple Creek Colorado —

MARYLAND

Date
of death

Month 20

Day

Years

Months

Days

1909 Nov.

20

38

11

10

Sex

Male

Color or
Race

Age
White

Birth-
place

11

Sudden

Occupation

Tanner

Where Residing if not
at place of death

Cripple Creek Col.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Ellen King.

Father's
Name

Peter - Anderson

Father's
Birthplace

Sweden

Mother's
Maiden Name

Don't know,

Mother's
Birthplace

Name of person giving
Information

H. E. Anderson

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Fracture of Spine.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr Wm Harenplug.
Cripple Creek Colorado.

Accident or Suicide

PHYSICIAN
OR CORONER

Williamsport. Maryland
Interment in River View Cemetery.
By J. F. Kreps. Undertaker.

March 20th 1910.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs Jennette Barber

Town County
Died at Vale Summit Allegany Co
Date Month Day Year Months Days
of death 1909 Nov 9 Age 72 Months 19
Sex Female Color or Race White Birth-place Scotland
Occupation housewife Where Residing if not at place of death
Married, Single or Widowed widowed Name of Wife or Husband John Barber
Father's Name John Barber Father's Birthplace Scotland
Mother's Maiden Name Jennette Irvin Mother's Birthplace " "
Name of person giving Information Sam'l. Barber How related to deceased Son

CAUSES OF DEATH

Primary

Heart Disease

79

How long

3 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. M. Price, M.D.
West Bay, Penn

Filed 1909

Accident or Suicide

Frostburg Furnishing
Eckhart

Name
in
Full

(Stillborn)

Bozzani

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumbland

Town

County

MARYLAND

Date
of death

1909

Month

Nov

Day

13

Years

—

Months

—

Days

—

Sex Female

Color or
Race

white Italian

Birth-
place

City.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mar Bozzani

Father's
Birthplace

Holy
Holy

Mother's
 Maiden Name

Bellaria Longinus

Mother's
Birthplace

Holy
Holy

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

⑧

Primary

Stillborn

How long

✓

Immediate

Stillborn

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

Steve

Yes

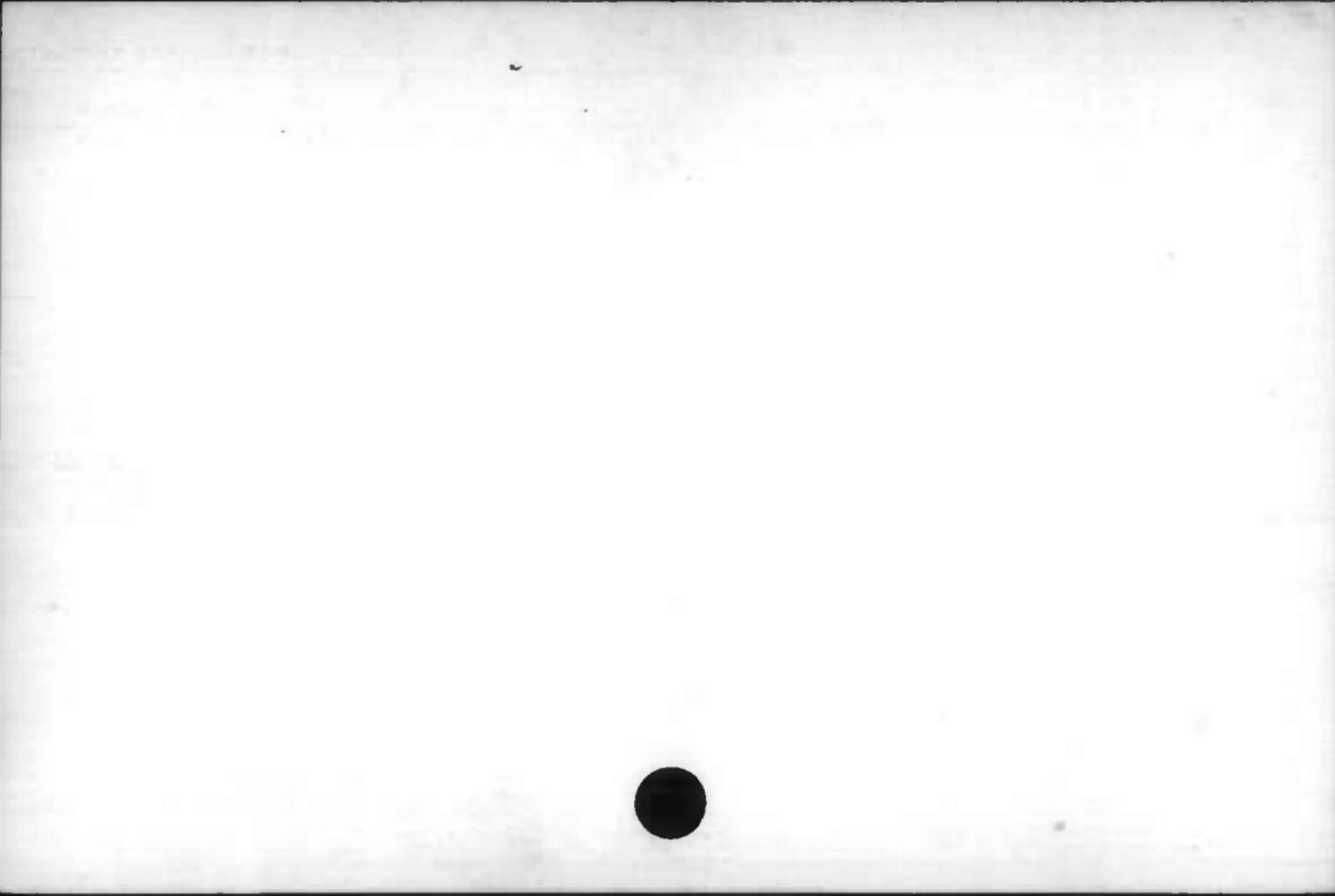
Signature of
Physician

Address

W.H. Broadhurst
Cumbland

Accident or Suicide

No



Name
in
Full

Edward J Borgman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Cumberland Alle
Month Day Years Month Days
Date of death 1909 Nov 20 Age 40 — —
Sex Male Color or Birth-place White Md
Occupation Laborer Where Residing if not at place of death Western Md R.R. Bridge
Married, Single Name of Wife or Husband Single none
or Widowed Father's Birthplace Germany
Name John H. Borgman
Mother's Maiden Name Mary Bishop Mother's Birthplace Germany
Name of person giving Information Francis Borgman How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Struck by Wm Md train

166

How long

Immediate

Internal hemorrhage

How long

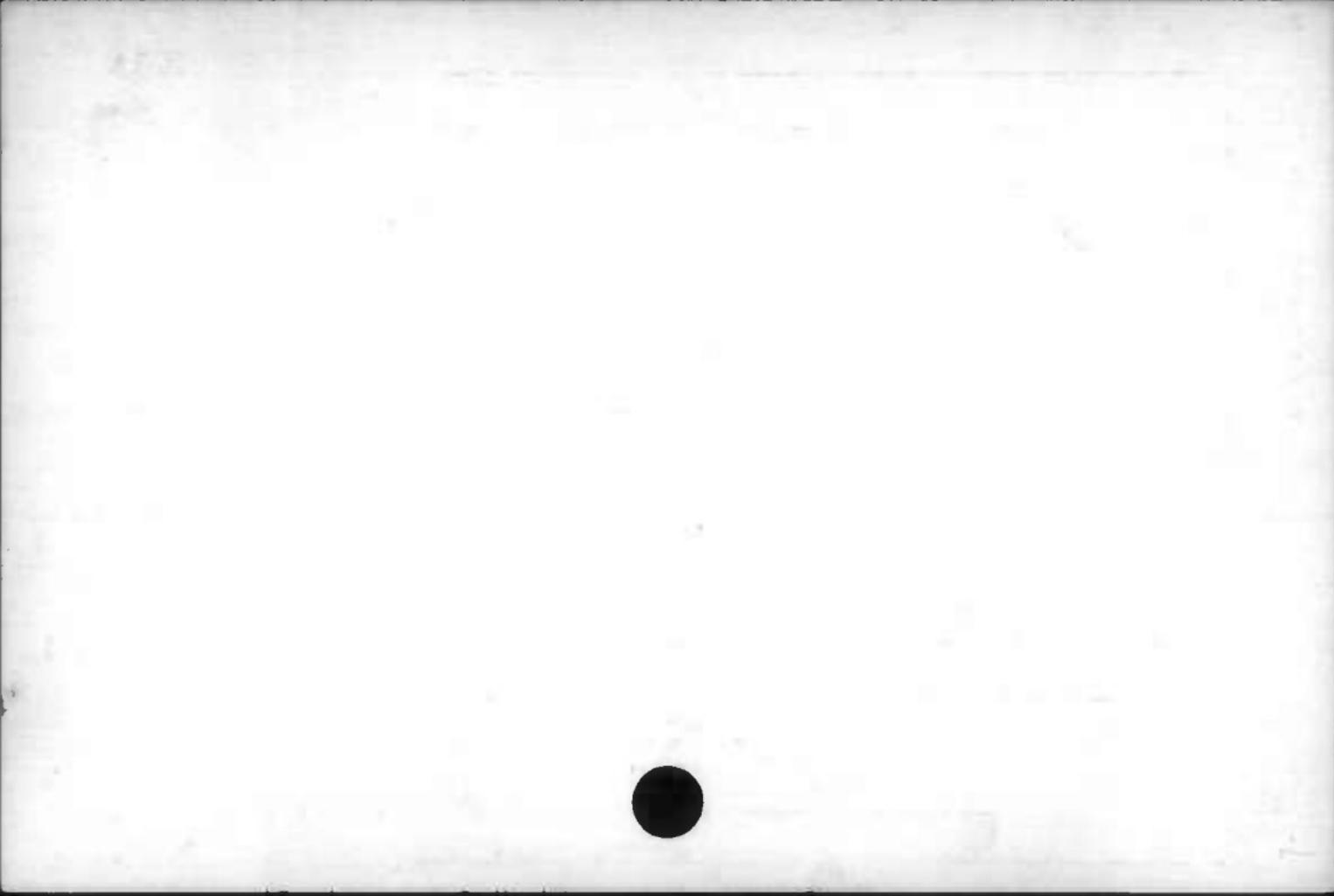
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Yes. Coroners
John F. Dressman
Cumberland, Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Estelle Brown

CERTIFICATE OF DEATH

MARYLAND

Died at Frostburg

Town

County

Date

of death

1909 Nov

Month

22 Days

Years

Age

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Frostburg

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Curry

Father's
Birthplace

Wa-

Mother's
Maiden Name

Florence Brown

Mother's
Birthplace

Md

Name of person giving
Information

Flossie Brown

How related
to deceased

Mother

CAUSES OF DEATH

152

Primary

Accidental Asphyxiation

How long

Immediate

Yes

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. L. Curry
Frostburg

Accident or Suicide?

F. F. & Co

Allegany

Name
in
Full

Peter Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Month
Sex	Age	Days	
Occupation	Color or Race		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Eli Brown	Emmet C. Brown	Brown
Mother's Maiden Name	Catharine Shewmaker		Md.
Name of person giving Information	Emmet E. Brown		life

PHYSICIAN
OR CORONER

CAUSES OF DEATH

118

Primary

Appendicitis, Ruptured Abscess

Immediate General peritonitis

Are the name, age, sex, color, date and place correctly given above?

G. J. B.

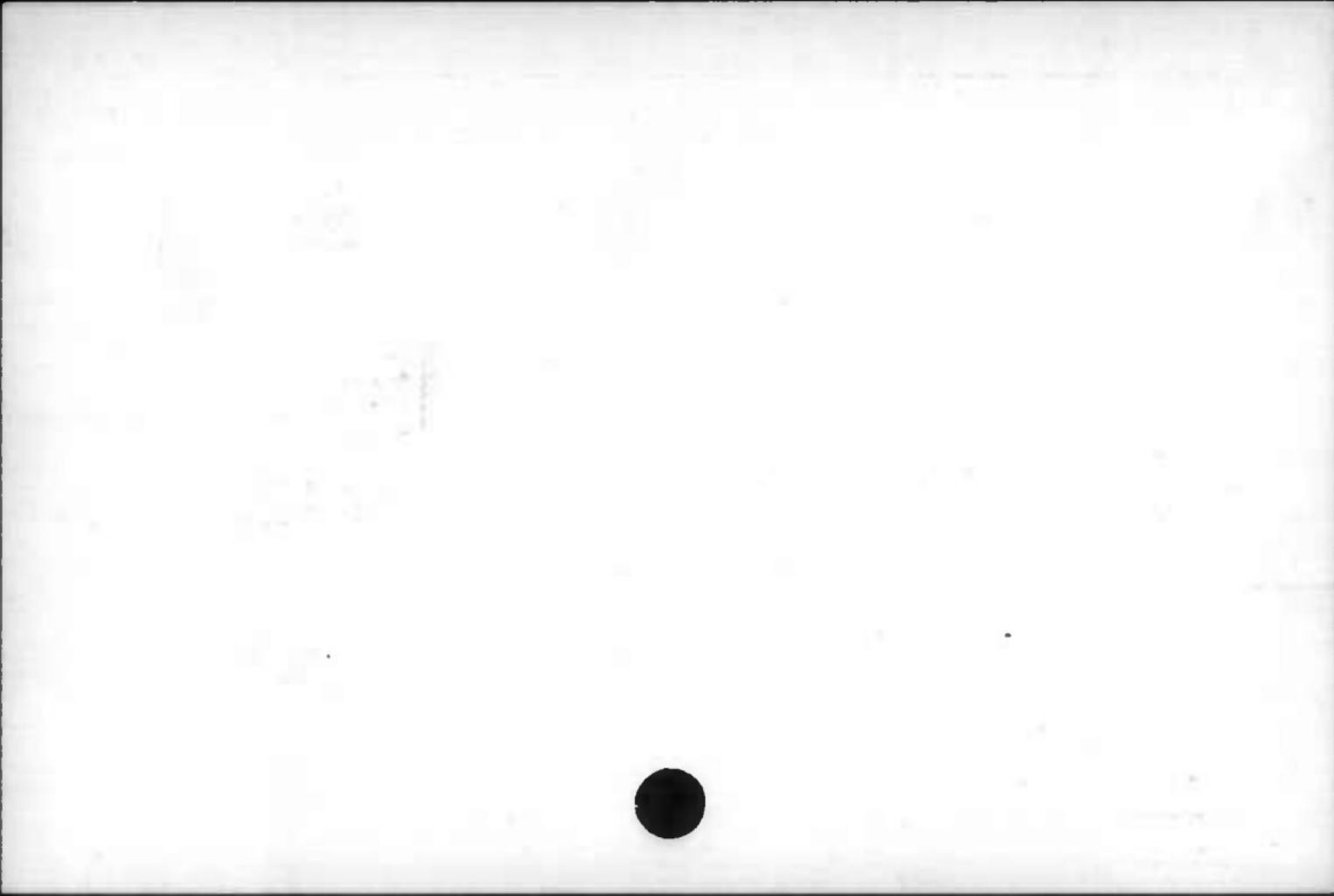
Signature of Physician

Address

Accident or Suicide

Mr. Corr, Pa

R. L. Franklin
Cumberland
Md.



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Carter

CERTIFICATE OF DEATH

MARYLAND

Died at Hoffman

Town

County

Date of death 1909 Nov

Month

Day

Years

Months

Days

Age

Sex Male

Color or Race

White

Birthplace

Wade Summit, Md

Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed Single

Name of Wife or
Husband

Father's Name John H. Carter

Father's Birthplace Md

Mother's Maiden Name Eliza beth Delaney

Mother's Birthplace Md

Name of person giving
Information Thos P. Carter

How related
to deceased Brother

CAUSES OF DEATH

30

Primary

Tuberculosis spine

How long

2 years

Immediate

Yes

J.M. Guir N.Y.
C.W.D. Gouray N.Y.

Signature of
Physician

Address

Accident or Suicide?

Catholic
Hope.

Name
in
Full

Joseph J. Cavan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Pekin

Town

County

Allegany

Date of death 1907 November

Month

Day

Years

Months

Days

20

Age

16

5

Sex male

Color or Race

white

Birth-place

Pekin -

Occupation

Pulp mill worker

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's Name

Patrick J. Cavan

Father's Birthplace

Virginia -

Mother's Maiden Name

Mary Prehamy

Mother's Birthplace

Ireland

Name of person giving
Information

Patrick J. Cavan

How related
to deceased

father

CAUSES OF DEATH

Primary

Gyphoria from

How long

12 days

Immediate

In testical hemorrhage

How long

2 days -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

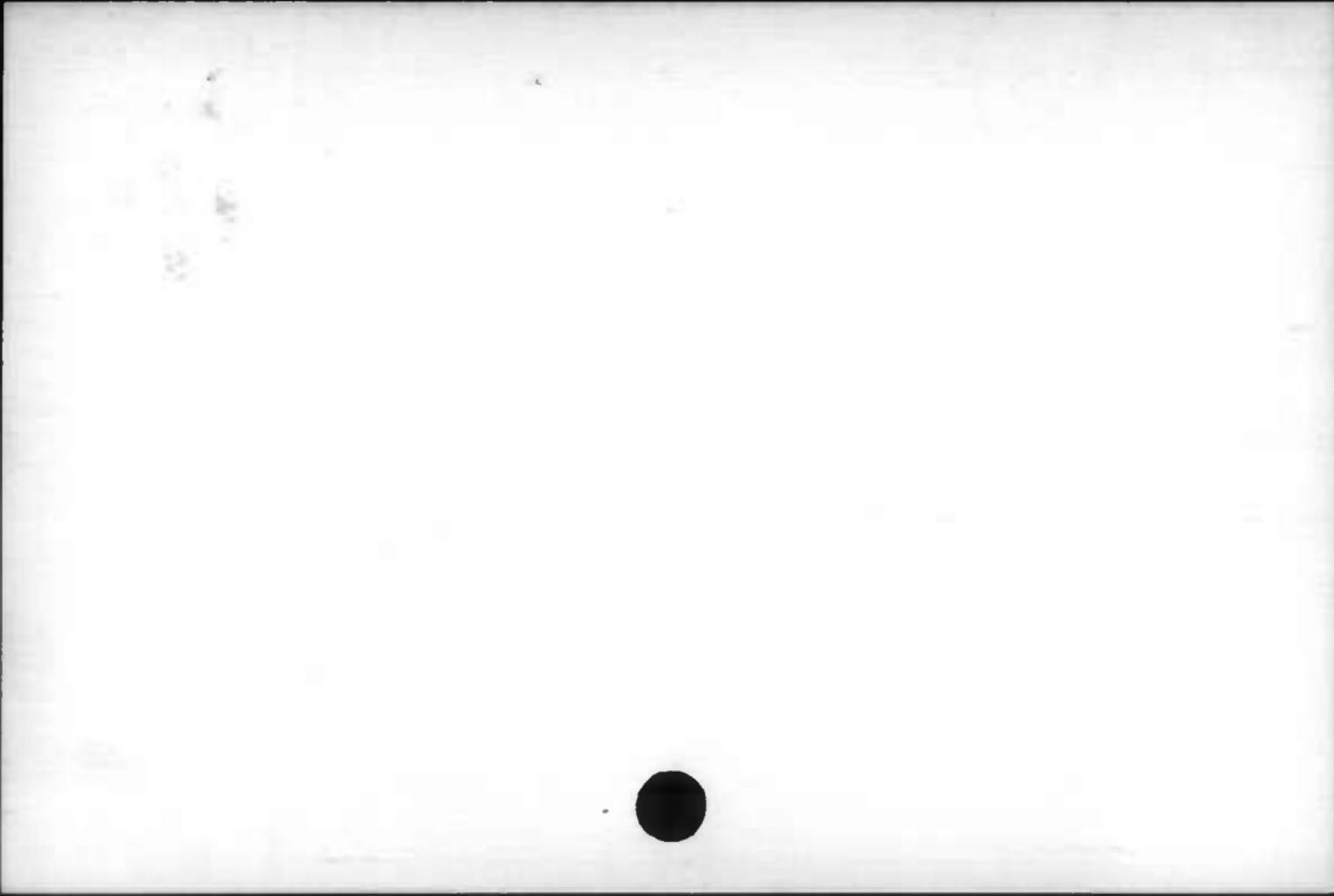
Address

James O. Bullock M.D.
One corner Maryland

PHYSICIAN
OR CORONER

Accident or Suicide

No -



Name
in
Full

Katie E Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cumulaland		alleg	
Date of death	Month	Day	Years Months Days
1909	Nov.	10	Age 50
Sex	Color or Race	Birth-place	
Female	White	W. Va.	
Occupation	Housewife		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Married	Walter B Clark		
Father's Name	Ephes Reidenhour		
Mother's Maiden Name	Susan Wellsheat		
Name of person giving Information	Walter B. Clark		

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary

Cancer of uterus

How long

1½ yrs.

Immediate

urinary jaundice

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Signatures of Physician

Thas. A. Brown

Address

Cumulaland
W. Va.

Accident or Suicid

For Frank -
Chas Wolfe &
Cedar Branch

Name
in
Full

Mary Elizabeth Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Pennsylvania
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	William Morrison George Dean				
Mother's Maiden Name	Sarah Catherine Close				
Name of person giving information	Anna B. Isaacs				

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH		
Lesions of mouth and throat		36	✓	
Immediate	Amenia	How long	2 months	
Are the name, age, sex, color, date and place correctly given above?		How long	1 month.	
Yes		Signature of Physician	A.R. Walker,	
		Address	Frostburg.	
Accident or Suicide?		—		

Allegany.
F.F. & U. Co

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Benjamin Taylor Deck				CERTIFICATE OF DEATH		
Town		County				
Died at	Comptown	Age	38	MARYLAND		
Date of death	Month Nov	Day 18	Years	Month	Day	
Sex	Male	Color or Race	White	Birthplace	W. Va	
Occupation	Black Smith		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Bertie R Deck	Father's Birthplace	W. Va	
Father's Name	J. B. Deck		Mother's Birthplace	Md		
Mother's Maiden Name	Sarah Francis McCabe		How related to deceased	Wife		
Name of person giving Information	Bertie R Deck		How long	179 ✓		

CAUSES OF DEATH

Primary

Complication of diseases

179

How long

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes-

Signature of Physician

Address

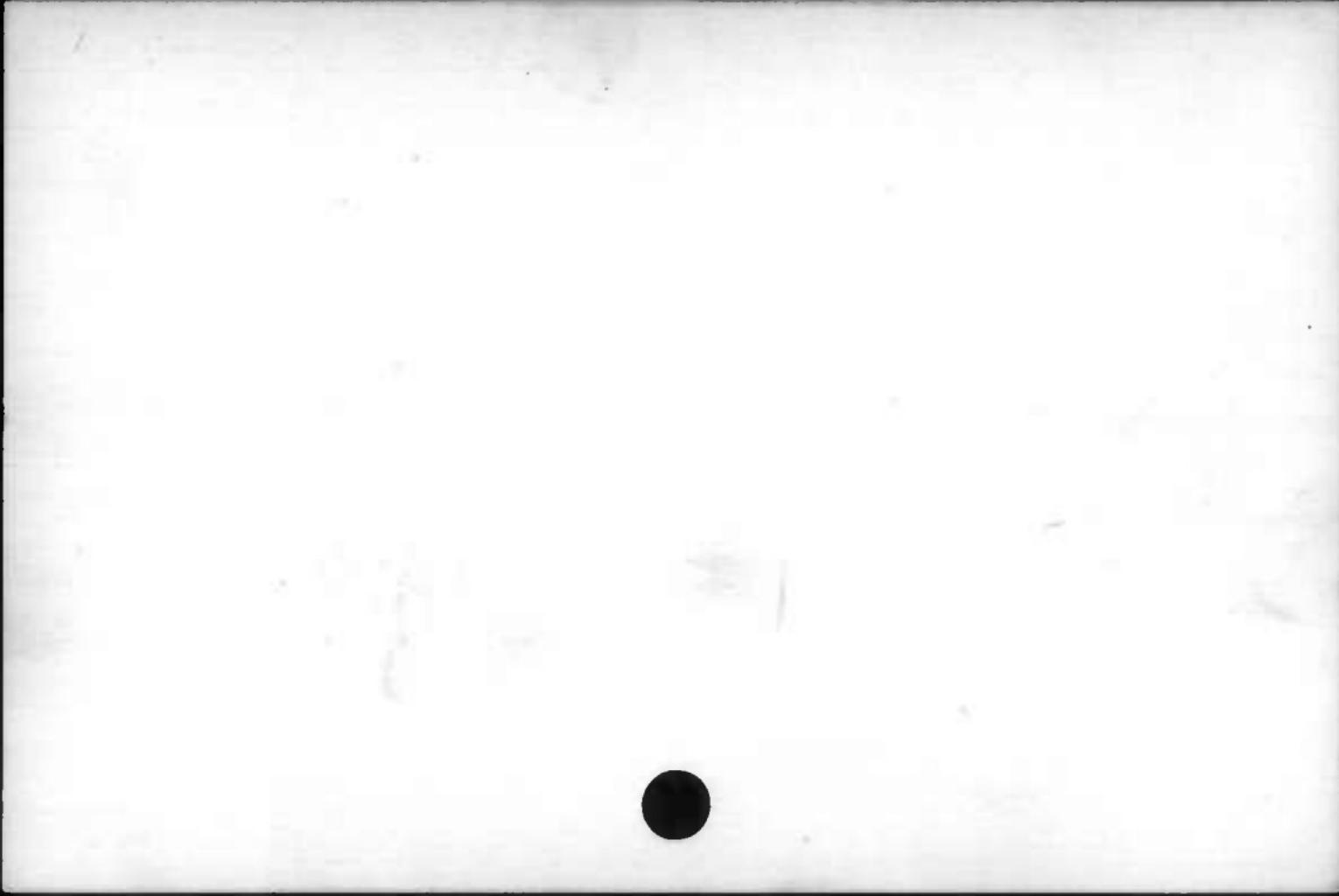
H. L. Dunning

134 N Center St

Snowshoe, W. Va.

LOUIS STEIN

Accident or Suicide



Name
in
Full
/ / /

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marguerite Marie Dellingen

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Crumbs

Allegany

Date
of death

1909

Month

Nov

Day

11

Years

—

Age

—

Months

4

Days

—

Sax

Female

Color or
Race

White

Birth-
place

Crumbs

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Six

Name of Wife or
Husband

Father's
Name

George Dellingen

Father's
Birthplace

Crumbs

Mother's
Maiden Name

Halle Northcraf

Mother's
Birthplace

Pa.

Name of person giving
Information

Berry Dellingen

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastro-Enteritis

How long

3 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

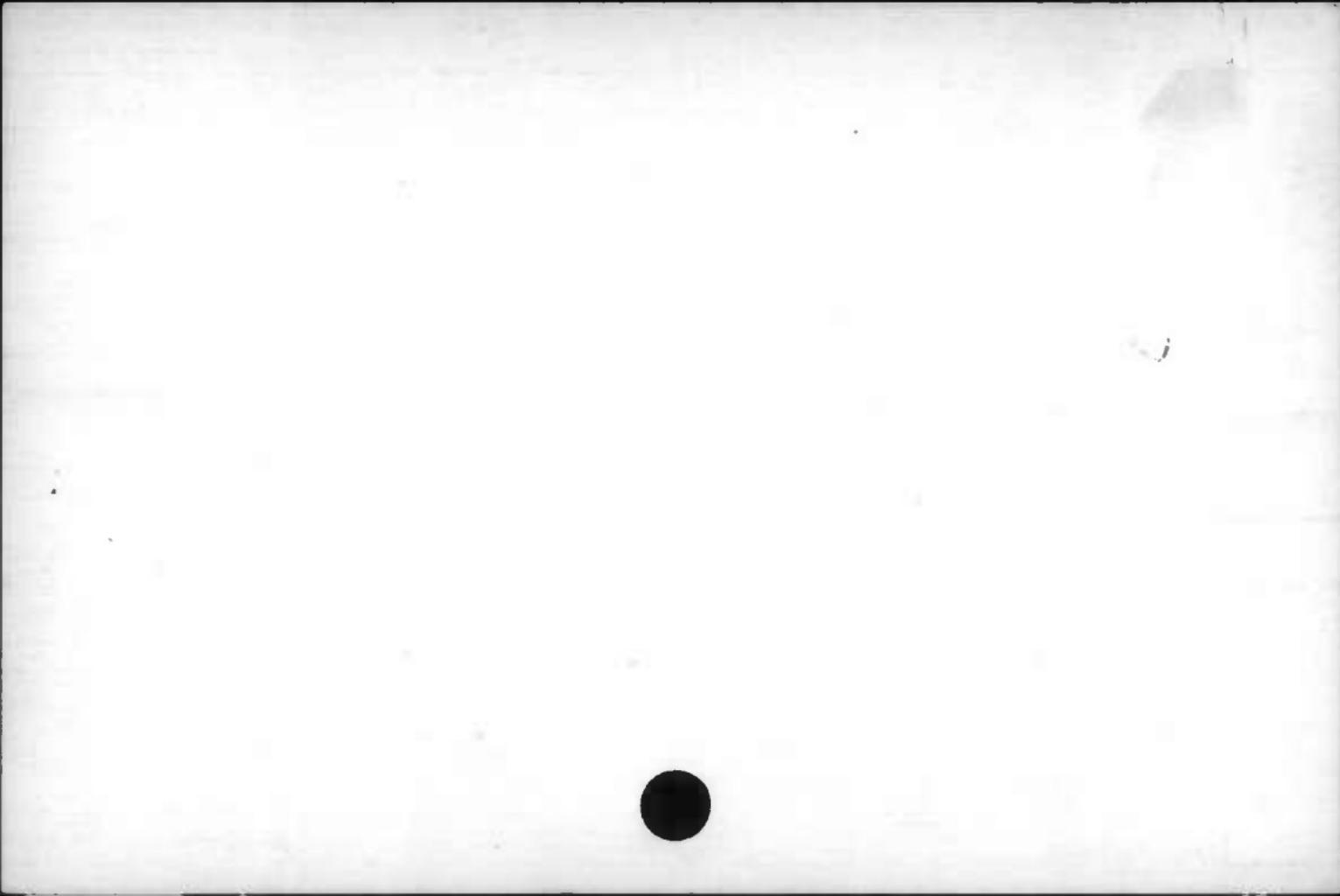
yes

Signature of
Physician

W. R. Hodges,
Crumbsland,
Md.

Address

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eveline Dreuning.

CERTIFICATE OF DEATH

Died at

Town

Cumberland

County

alleg.

MARYLAND

Date
of death

1909

Month

Nov.

Day

21

Year

56

Months

1

Days

18

Sex

Female

Color or
Race

White

Birth-
place

West Va

Occupation

Housewife

Where Residing if not
at place of death

md ave.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Wm C Dreuning

Father's
Birthplace

Va

Father's
Name

Wm Jackson

Mother's
Birthplace

W.Va.

Mother's
Maiden Name

Mary Carter

How related
to deceased

Brother

Name of person giving
Information

James W Jackson

CAUSES OF DEATH

Primary

Bryggs disease

120

How long

1 yr

Immediate

Tobalyis anemia

How long

1 m

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

D. Leo Lanke

Address

LOUIS STEIN
Accident or Suicide

Cumberland
Franklyn, Md

Chas Westerfoot
Will City
Frank " "
Jesse Ninety City
Miss Bell "
Iora Wilson "

Name
in
Full

Sarah Ann Durlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
1909	Gambland	Allegany	3
Date of death	Month	Day	Month
Sex	Color or Race	Age	Year
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	Gabriel Durlin (Wad)	
Father's Name	Joseph Saile		
Mother's Maiden Name	Saile		
Name of person giving information	Miss Lulu Durlin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	GastroIntestinal Intoxication	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
Steue	H. H. Broadbent M.D.	
Address	Gambland, Md	
Accident or Suicide	No	

1920-1921



Name
in
Full

Henry Andrew Finkelday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Garrisonland	Alleg		Months	Deys
Date of death	1909 Nov 14	Day	Years	5	22
Sex	Male	Color or Race	White	Birth-place	New Jersey
Occupation	Baker	Where Residing if not et place of death			—
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Name	John Parker Finkelday
Mother's Maiden Name	Anna Dorothy			Father's Birthplace	Maryland
Name of person giving Information	H. A. Finkelday			Mother's Birthplace	Maryland
				How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
ON CORONER

Primary

Hepatitis & Gastritis

104

How long

1 mo.

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

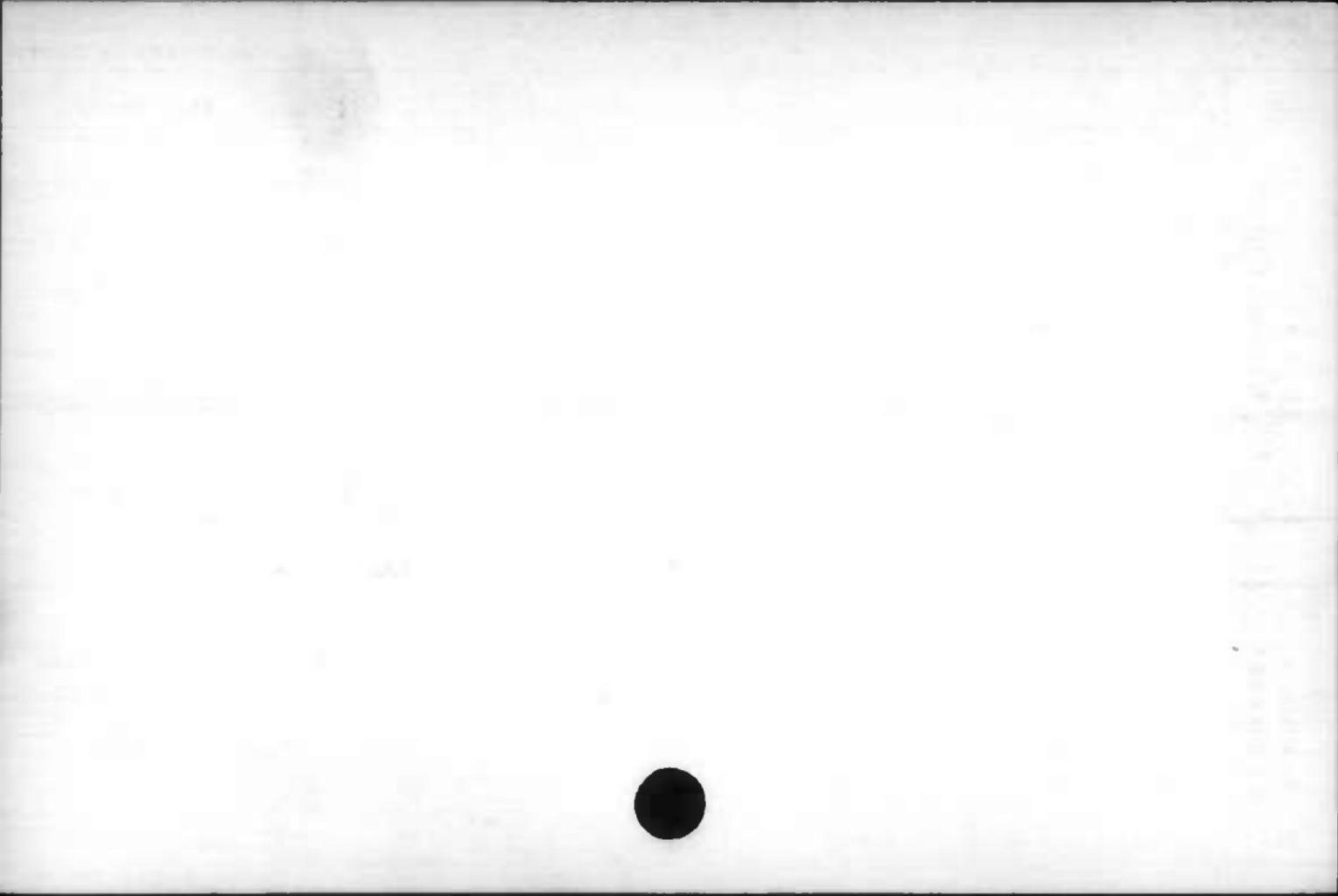
Lv. H. Broadhurst
Garrisonland

Accident or Suicide

n

98 Main

Ind.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Mothered, Single or Widowed	Name of Wife or Husband	Elizabeth Flynn			
Father's Name	Edward Flynn				
Mother's Maiden Name	Mary Flynn				
Name of person giving Information	Robert Flynn				

CAUSES OF DEATH

79)

PHYSICIAN
OR CORONER

Primary

Valv. Heart disease

How long

None

Immediate

Found dead in bed

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. Hafey
Cathol Am

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full		James Garfield Franklin		Town County		
Died at	Baltimore	alleg.		MARYLAND		
Date of death	1901	Month Nov	Day 20	Years —	Months 8	Days —
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	now	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace		
Father's Name	James Franklin	now		Md		
Mother's Maiden Name	Rose Abbie			Mother's Birthplace		
Name of person giving Information	James Franklin			How related to deceased		
CAUSES OF DEATH				105		

Primary

Gastro Enteritis
Exhaustion

How long

1 mo

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr C L Owens
Cumberland Md
Owens

Accident or Suicide

no

66 Gay St

Name
in
Full

Bessie M. Tree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Cumberland

County

alleg.

MARYLAND

Date
of death 190

Month
Nov.

Day
17

Years

Age
35

Months

Days
—

Sex

Female

Color or
Race

White

Birth-
place

Hagerstown Pa.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

J. B. Tree

Father's
Birthplace

Pa.

Father's
Name

Samuel J Morris

Mother's
Birthplace

Md.

Mother's
Maiden Name

Louisa Crow

How related
to deceased

Husband

Name of person giving
Information

J. B. Tree

27

How long

Several years

How long

Primary

Consumption

CAUSES OF DEATH

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. L. Downing

134 N Centuryst

Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Elizabeth Gerdeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County MARYLAND
Died at Cumberland Allegany Month Month Days
Date of death 1909 Nov 12 Age 73 Birthplace —
Sex Female Color or Race White —
Occupation Retired House Keeper Where Residing if not at place of death —
Married, Single or Widowed Widow Name of Wife or Husband Henry —
Father's Name John Peter Shellhamer Father's Birthplace Germany
Mother's Maiden Name Do not know Mother's Birthplace Germany
Name of person giving Information Rose Gerdeman How related to deceased daughter

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary

Angina Pectoris

80

How long

Immediate

12 hours

How long

Are the name, age, sex, color, date and place correctly given above?

yes

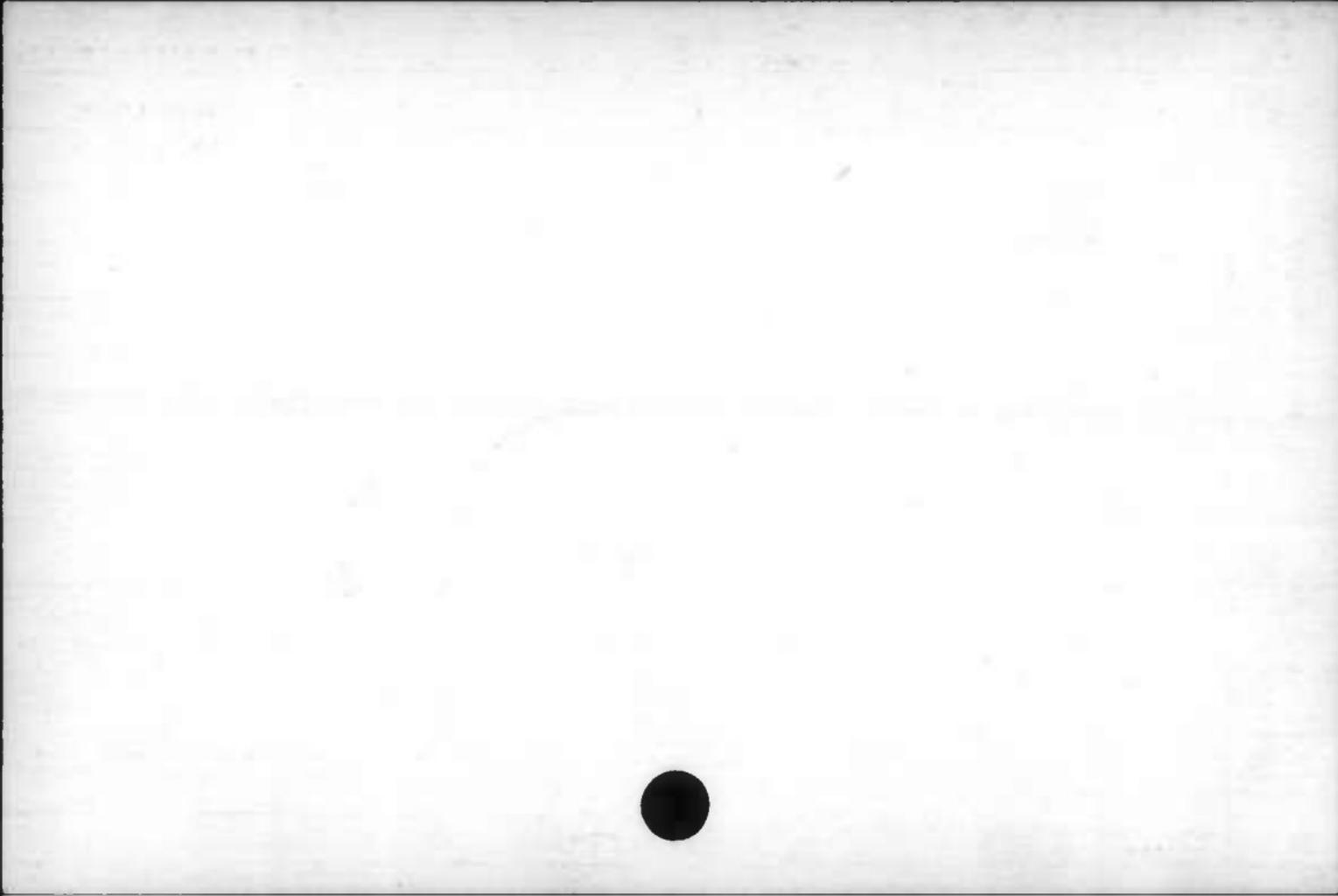
Signature of Physician

Address

R.W. Wiley,
Cumberland, Md.

Stein

Accidental Suicide



Name
in
Full

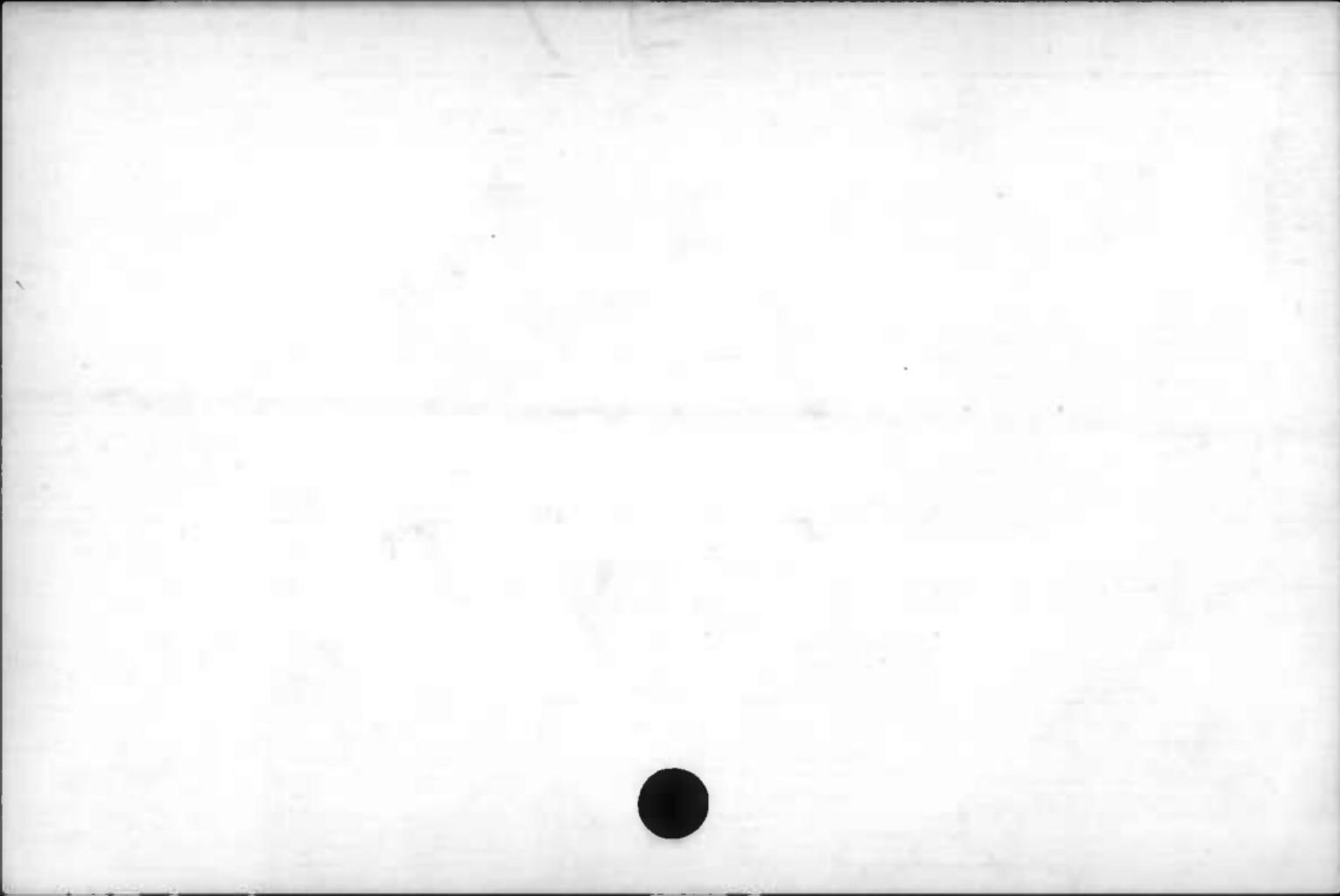
Gonder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at	Month	Day	Years	Months	Days
Date of daath 1909	11	24	0	0	0
Sex Females	Color or Race	Age	MARYLAND		
Occupation	Where Residing if not at place of death	Birth-place	Cumberland		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Cumberland		
Father's Name	T. E. Gonder	md	Cumberland		
Mother's Maiden Name	Mary Ridgway	Mothers Birthplace	W Va		
Name of person giving Information	T. E. Gonder	How related to deceased	Relative		
CAUSES OF DEATH					
Primary	Prematurity	151	✓		
Immediate	Exhaustion	How long	2 mos		
Are the name, sgs, sex, color, date and place correctly given above?		Signature of Physician	1 day		
yes		Address	C L Dennis M D		
L C P.			Cumberland Md		
Accident or Suicide					

PHYSICIAN
OR CORONER



Name
in
Full

inform - Mr & Mrs Geo. Heilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND
Date of death	Month	Day	Year	Month	Date
1909	Nov	20	Age	—	1/2 hour
Sex	Male	Color or Race	White	Birth-place	Cumberland.
Occupation	—	Where Reiding If not at place of death	Lake Md		
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Pa.
Father's Name	George Heilman			Mother's Birthplace	K.Y.
Mother's Maiden Name	Anna Cappa.			How related to deceased	Father
Name of person giving information	George Heilman			71	✓
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

Eclampsia

Immediate

Shock

Are the name, age, sex, color, date and place correctly given above?

yo.

Signature of Physician

Address

William Burns.

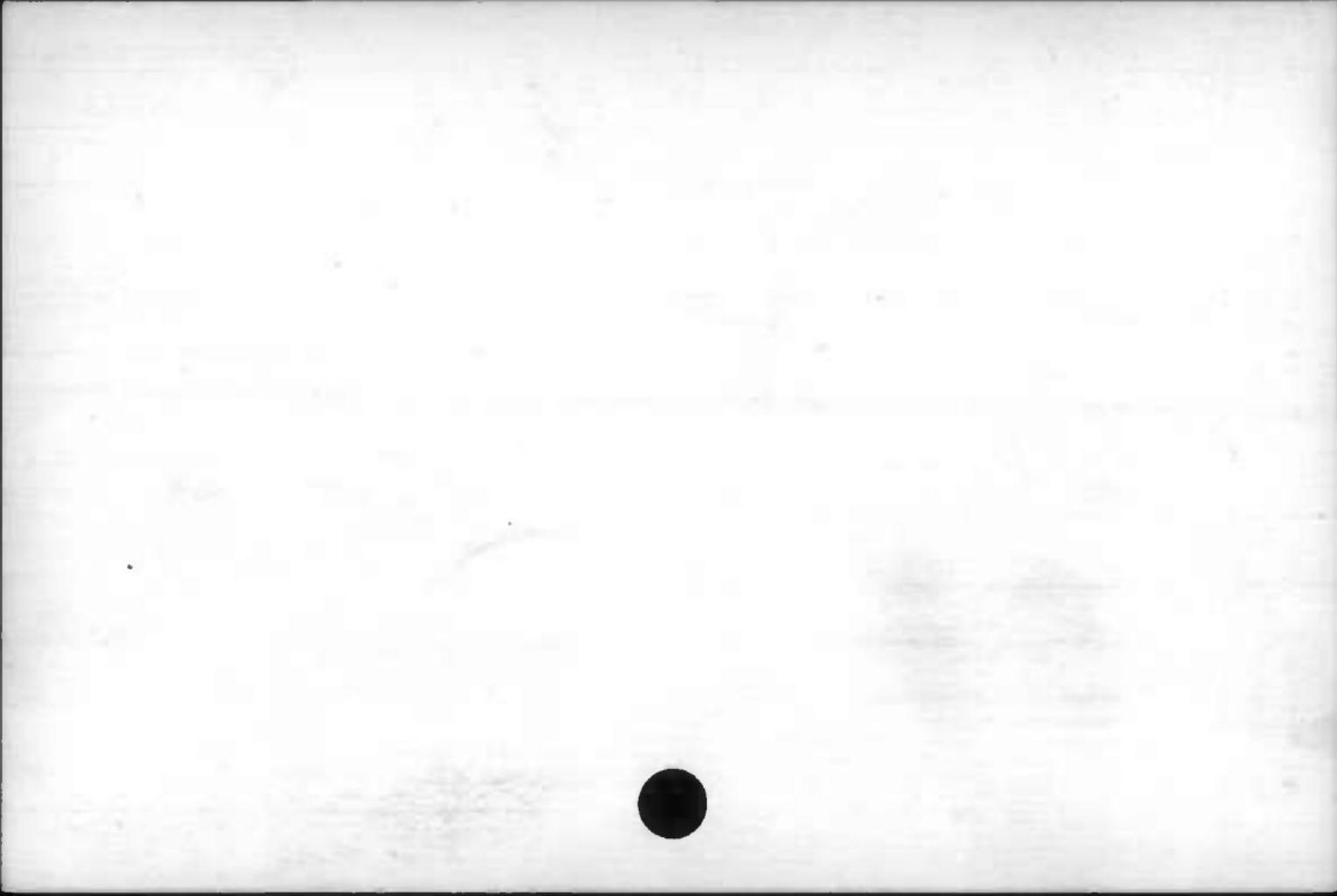
LOUIS STEIN.

Accident or Suicide

Westonport Md

Cumb

mf



Name
in
Full

Anna M. Heilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Cumberland			Alleg.	Month	Days
Date of death	Month	Day	Years	—	—
1909	Nov.	22	Age	23	
Sex	Color or Race	Birth-place			
Female	White	N.J.			
Occupation	Where Residing if not et place of death				
Housewife					
Married, Single or Widowed	Married.	Name of Wife or Husband	George Heilman		
Father's Name	Frank Copp.			Father's Birthplace	W.J.
Mother's Maiden Name	Don't Know			Mother's Birthplace	D.K.
Name of person giving Information	Geo Heilman			How related to deceased	Husband

CAUSES OF DEATH

138

How long

1 mo

How long

2 days

Primary

Eclampsia
following delivery
Convulsion, Exhaustion

Immediate

Cereal Burns
Cumberland,
Md.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

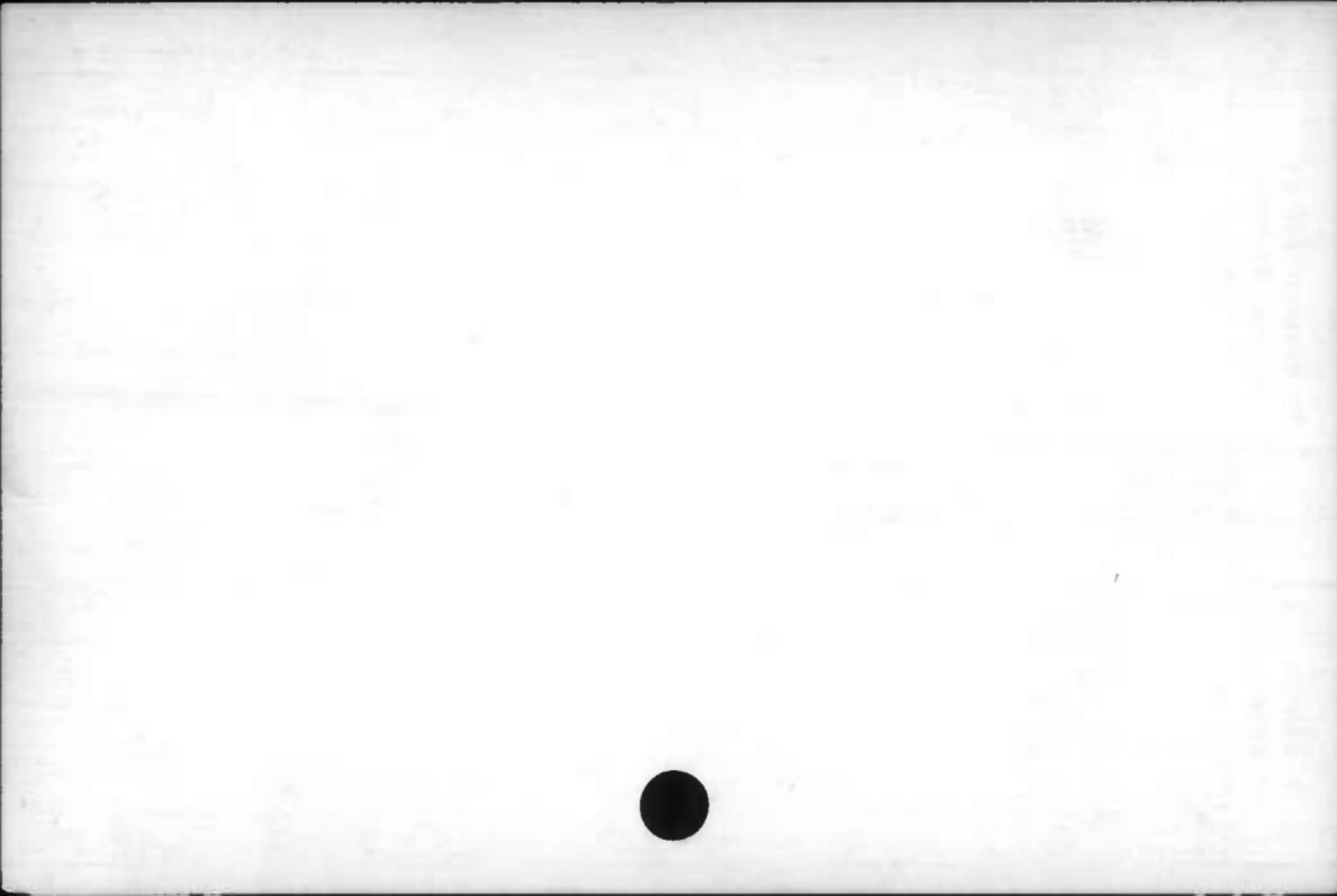
Signature of
Physician

Address

LOUIS STEIN

Accident or Suicide

Westport



Name
in
Full

John F. Hicker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County					
Cumberland	allegany					
Date of death 1909	Month Nov	Day 1	Years	Age 46	Montha	Daye
Sex Male	Color or Race White	Birth- place Woa				
Occupation Saloon-keeper	Where Residing if not at place of death Cumberland					
Married, Single or Widowed Married	Name of Wife or Husband Annaida Brand					
Father's Name J. P. Hicker	Father's Birthplace Woa					
Mother's Maiden Name Sara Bannus	Mother's Birthplace Woa					
Name of person giving Information Manda Hicker	How related to deceased mif					

CAUSES OF DEATH

Primary

Pulmonary tuberculosis 1 year

Immediate

Exhaustion

27

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

yes

Address

W. R. Hodges

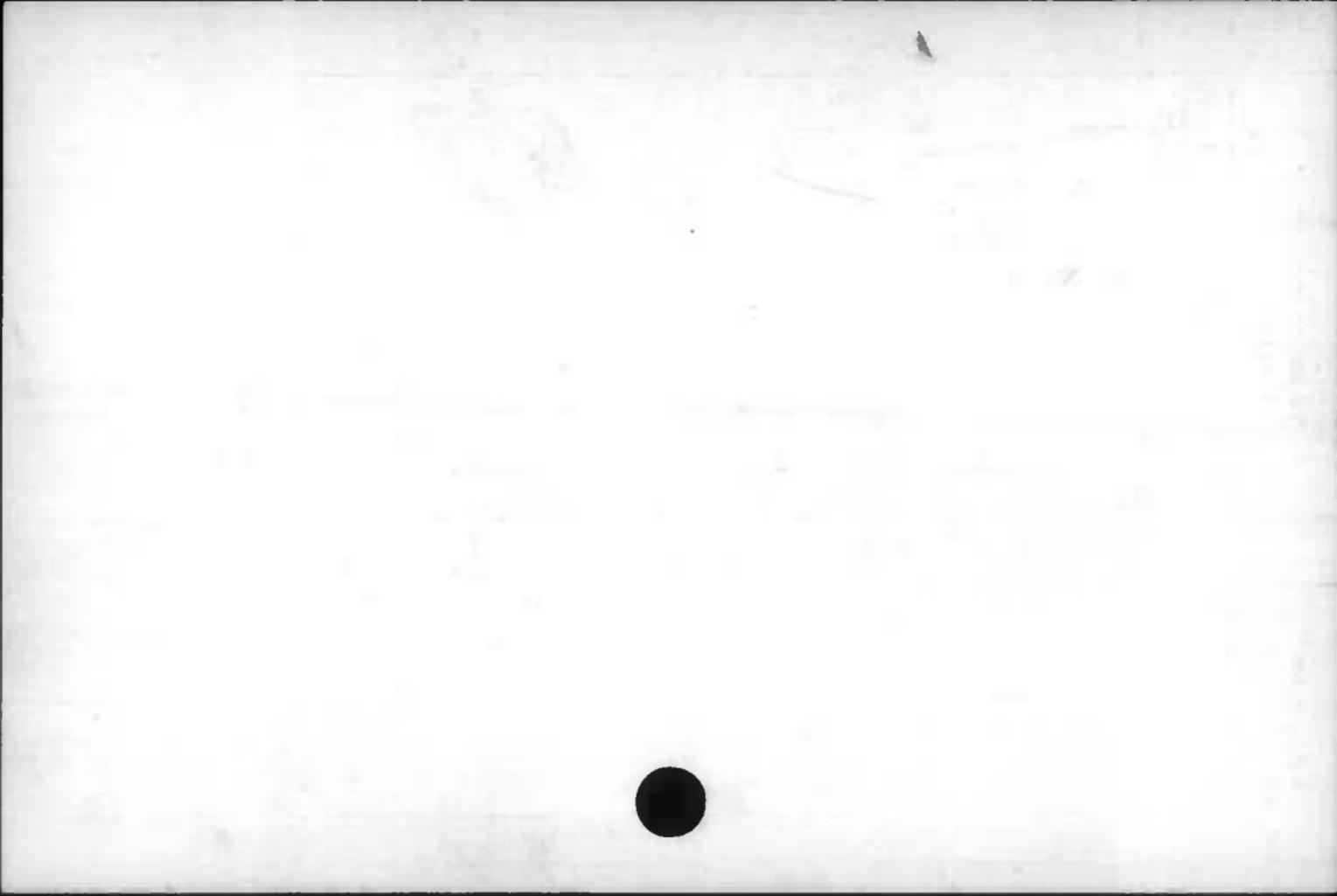
Cumberland

Ind.

PHYSICIAN
OR CORONER

Accident or Suicide

J.C.H.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

PHYSICIAN
OR CORONER

Died at	Town	County				
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death				
Occupation	Name of Wife or Husband					
Married, Single or Widowed	Single	Edward Hogan				
Father's Name	Mary Gallagher		Sonacoming			
Mother's Maiden Name	" " "		Frostburg			
Name of person giving Information	James		Sonacoming			
CAUSES OF DEATH						
Primary	Crushed in Ocean pine 3½					
Immediate	Concussion of brain					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Coroner John J. Dressman Colum'd; Md		
Accident				Address		

How related
to deceased

Uncle

166

How long

Immediate

"

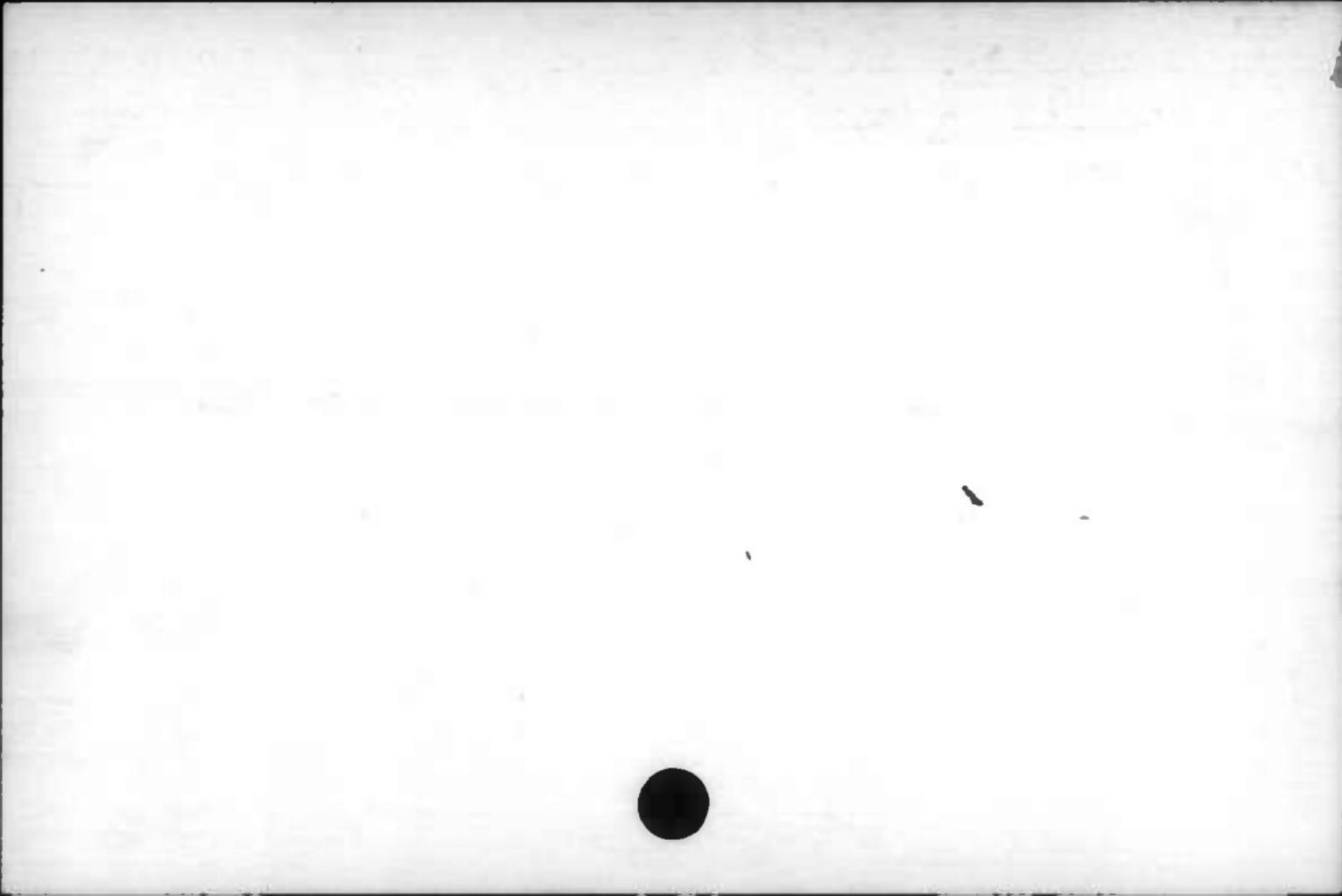
How long

Hafer, Catholic

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH						
Died at		Town	County			
Date of death	Month	Day	Age	Year	Month	Days
Sex	Color or Race	Place of Death				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Thomas Holmes		Father's Birthplace			Ireland
Mother's Maiden Name	Susan M. Hadane		Mother's Birthplace			Ireland
Name of person giving Information	Mrs. Mrs. Holmes		How related to deceased			Mother
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis			27	How long	About six months
Immediate	Inury			3 months	How long	3 months
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
PHYSICIAN OR CORONER	G.P.S.			Address		
Accident or Suicide	No			J.B. Skilling M.D. Lonaconing.		



Name
in
Full

Susan Rebecca Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Cumberland	Alleghany				
Date of death 1909	Month Nov	Day 29 th	Years Age 89	Months 1	Days 29
Sex Female	Color or Race white	Birth-place Frederick, Md			
Occupation Housewife	Where Residing if not at place of death ✓				
Married, Single or Widowed Widower	Name of Wife or Husband Zachariah Johnson		Father's Birthplace Frederick Co.		
Father's Name Peter Kephart			Mother's Birthplace " "		
Mother's Maiden Name Anna Mary Peters			How related to deceased Son in Law		
Name of person giving Information Zack Sawyer					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile decay

154

How long

Immediate

coma

1 mo

2 days

Are the name, age, sex, color, date and place correctly given above?

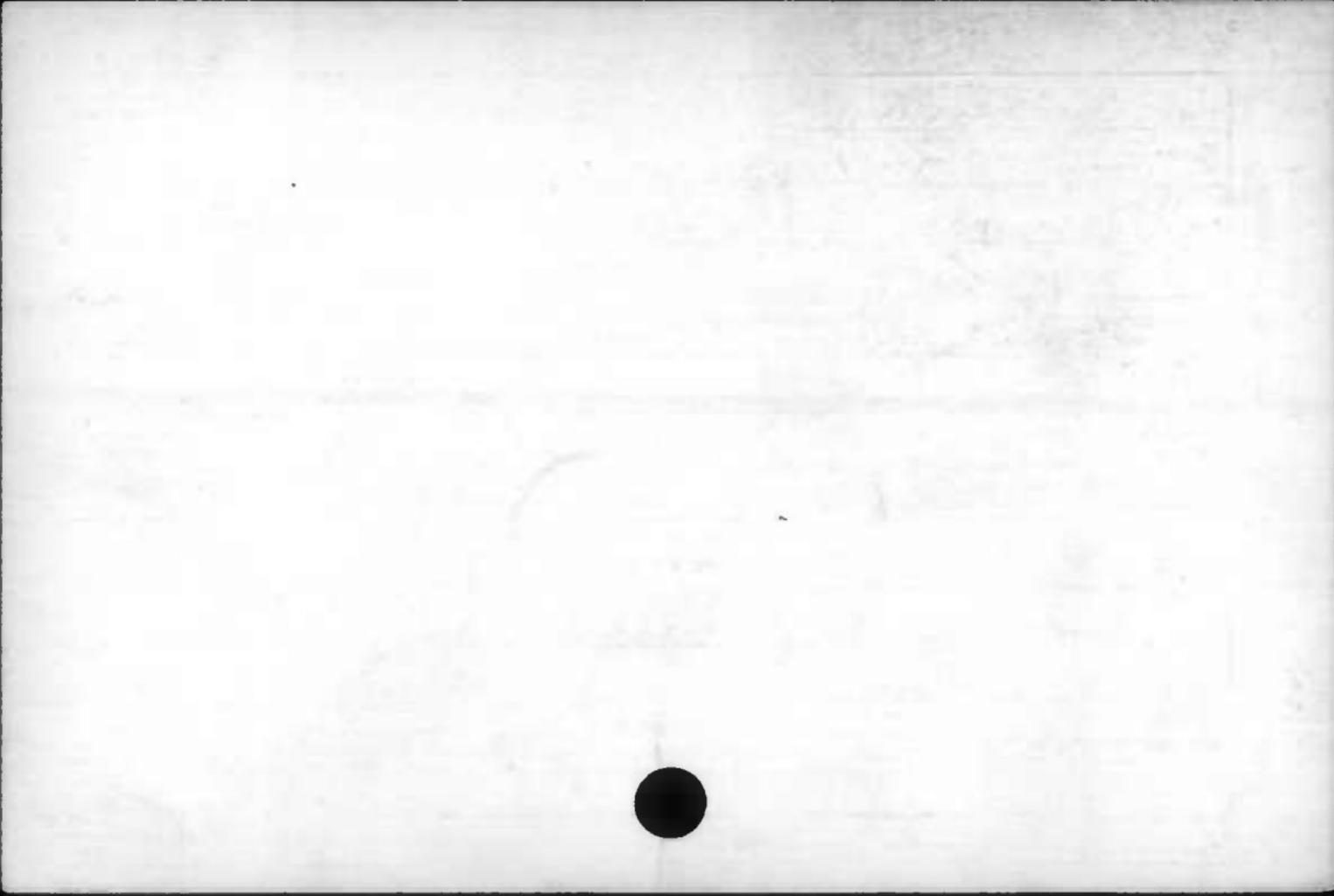
Signature of Physician

Address

Oscar Baum

Cumberland Md

Accident or Suicide



Name
in
Full

Sifv Kaufman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Alleg				
Date of death 1909	Month Nov	Day 5	Years 0	Months 0	Days 1
Sex female	Color or Race white	Birth-place Md			
Occupation none	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name J. J. Kaufman —	Father's Birthplace Ky				
Mother's Maiden Name Annie Gilligan —	Mother's Birthplace Ma				
Name of person giving Information Mrs J. J. Kaufman	How related to deceased mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown (steebom)

8

3 days

Immediate

Unknown

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

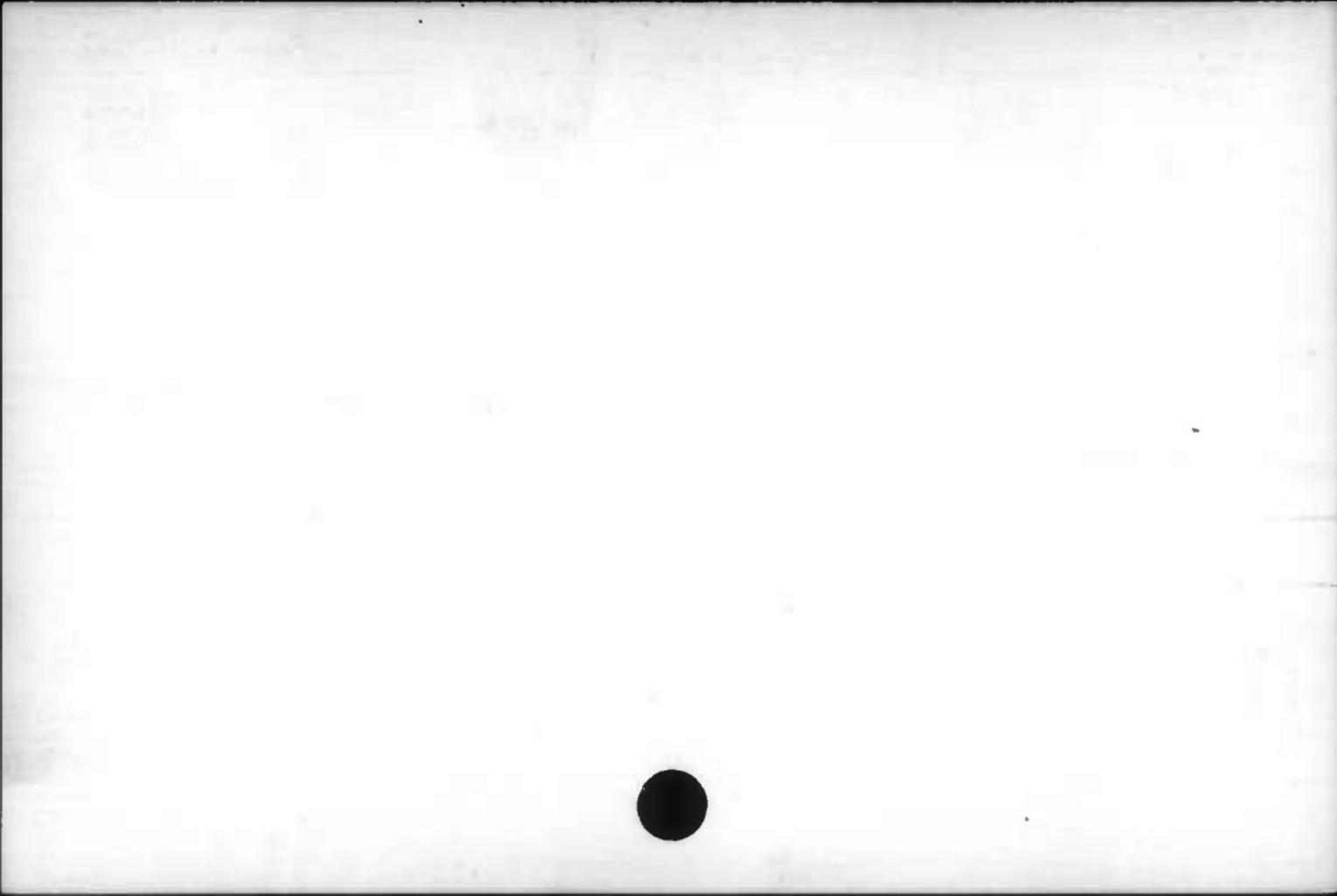
At Brace

Cumbt

md

OSI

Accident or Suicide



Name
in
Full

infant Kean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation		Where Residing if not at place of death	Birth-place
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace
Father's Name	Michael Kean		
Mother's Maiden Name	Margret Shaper		
Name of person giving Information	Michael Kean		

CAUSES OF DEATH

Primary

Premature

150

How long

8 mo

Immediate

Hurt. Soraun pale. (Blue child)

How long

Are the name, age, sex, color, date
and place correctly given above?

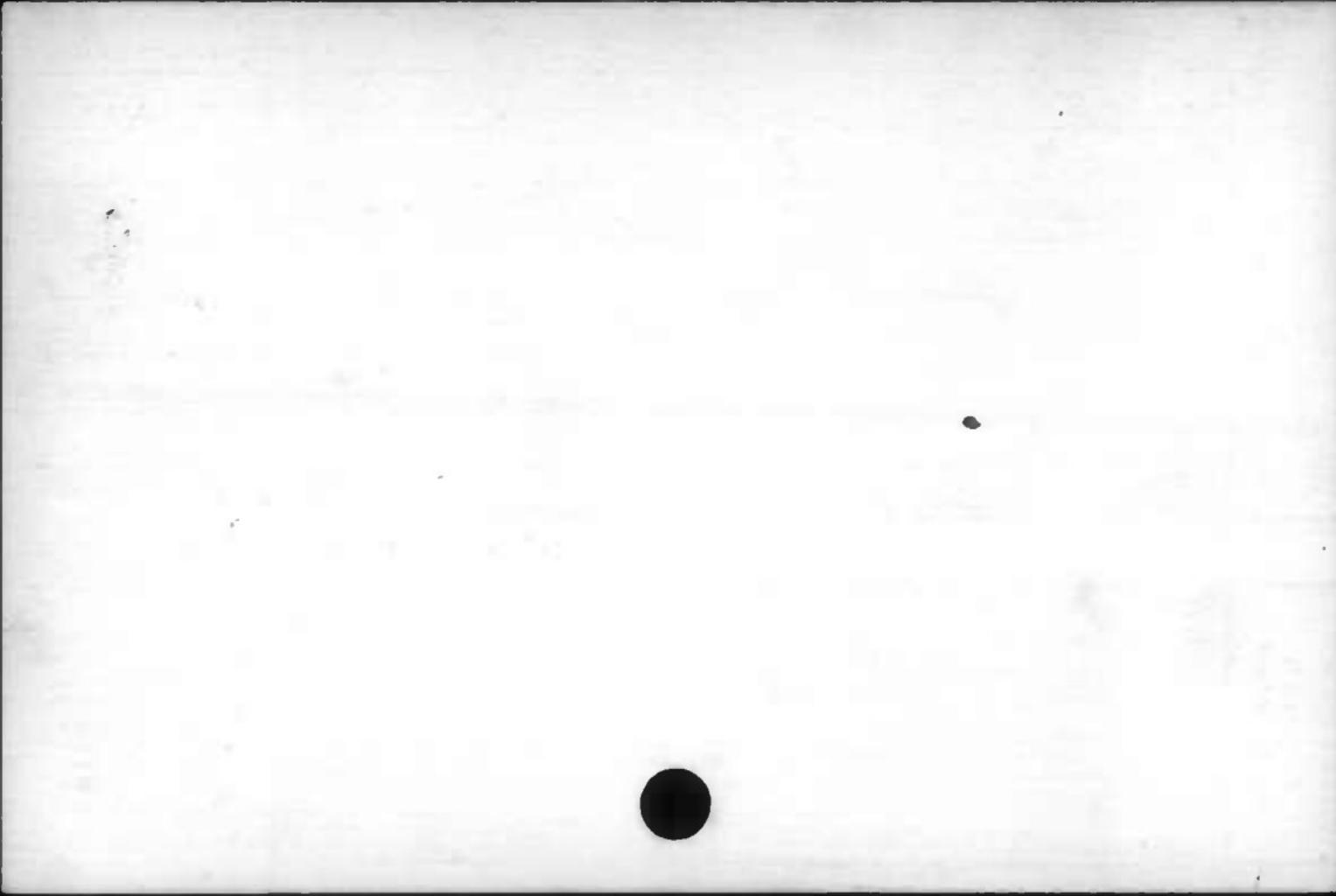
Signature of
Physician

Address

Accident or Suicide

Steel

A. J. Shaper
Cumberland
Franklin M.



Name
in
Full

Edna Beatrice Kiesler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Days
Sex	Color or Race	Age	12	11	26
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	Alma E. Kiesler	Father's Birthplace			Va.
Mother's Maiden Name	Iola Zimmerman	Mother's Birthplace			W.Va.
Name of person giving Information	Author	How related to deceased			Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever + Complication

(1)

✓

Immediate

Exhaustion

How long

1 mo

Are the name, age, sex, color, date and place correctly given above?

yes

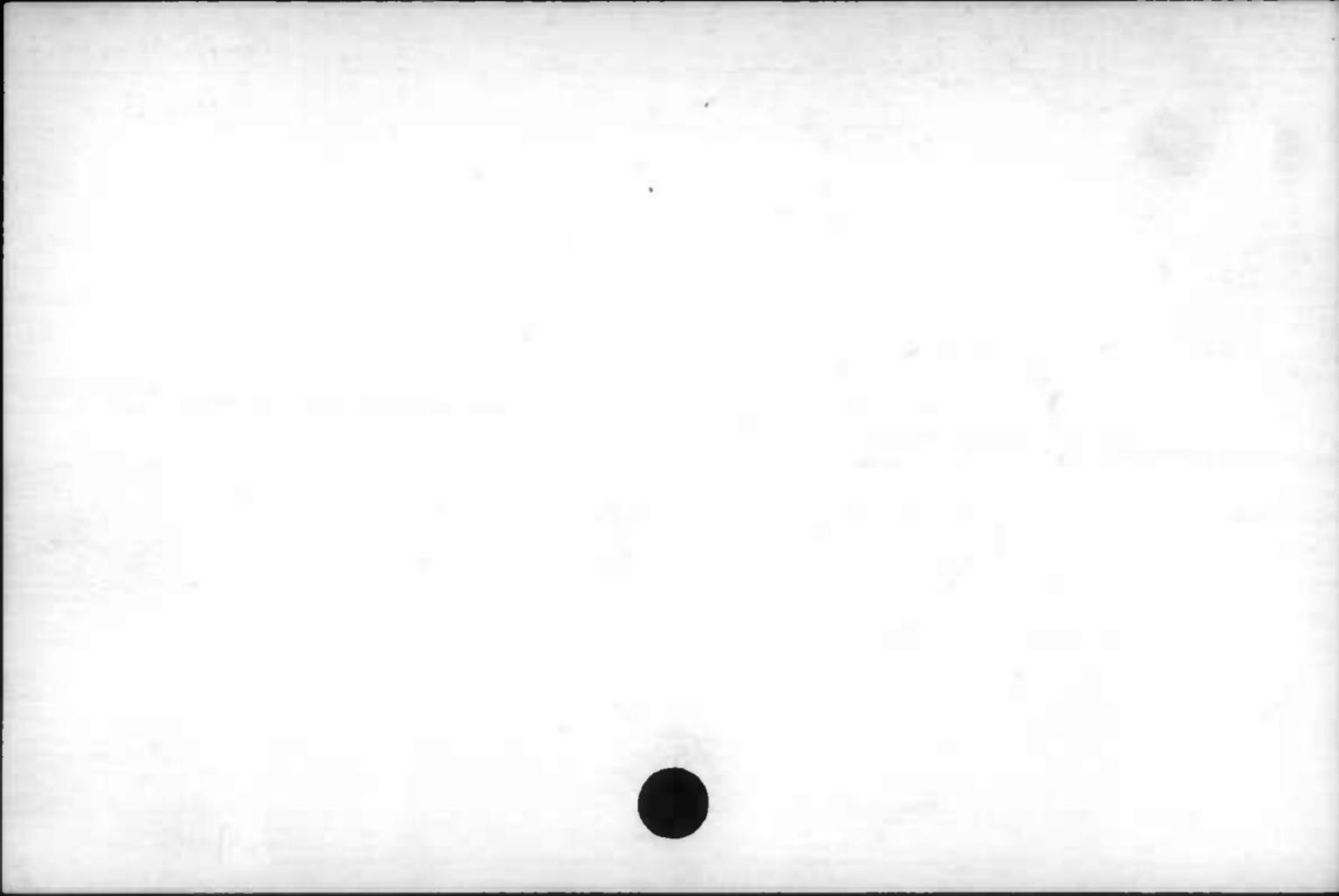
Signature of Physician

Address

Grover L. Broadhurst
95 Va. ave
Cumberland Md

Accident or Suicide

No



Name
in
Full

Daisy A Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cumberland Alleg.

County

Date
of death

1909

Month

J.W.

Day

9

Years

6

Month

4

Daya

MARYLAND

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

Home Schoolg

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Cumberland

Father's
Name

Bernard D Lewis

Mother's
Maiden Name

Florence Franklyn

Mother's
Birthplace

Conn.

Name of person giving
Information

Bernard Lewis

How related
to deceased

Father

CAUSES OF DEATH

Primary

Post Diphtheritic Paralysis

9

Now long

✓

5 days

Immediate

Anuria, Heart Failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

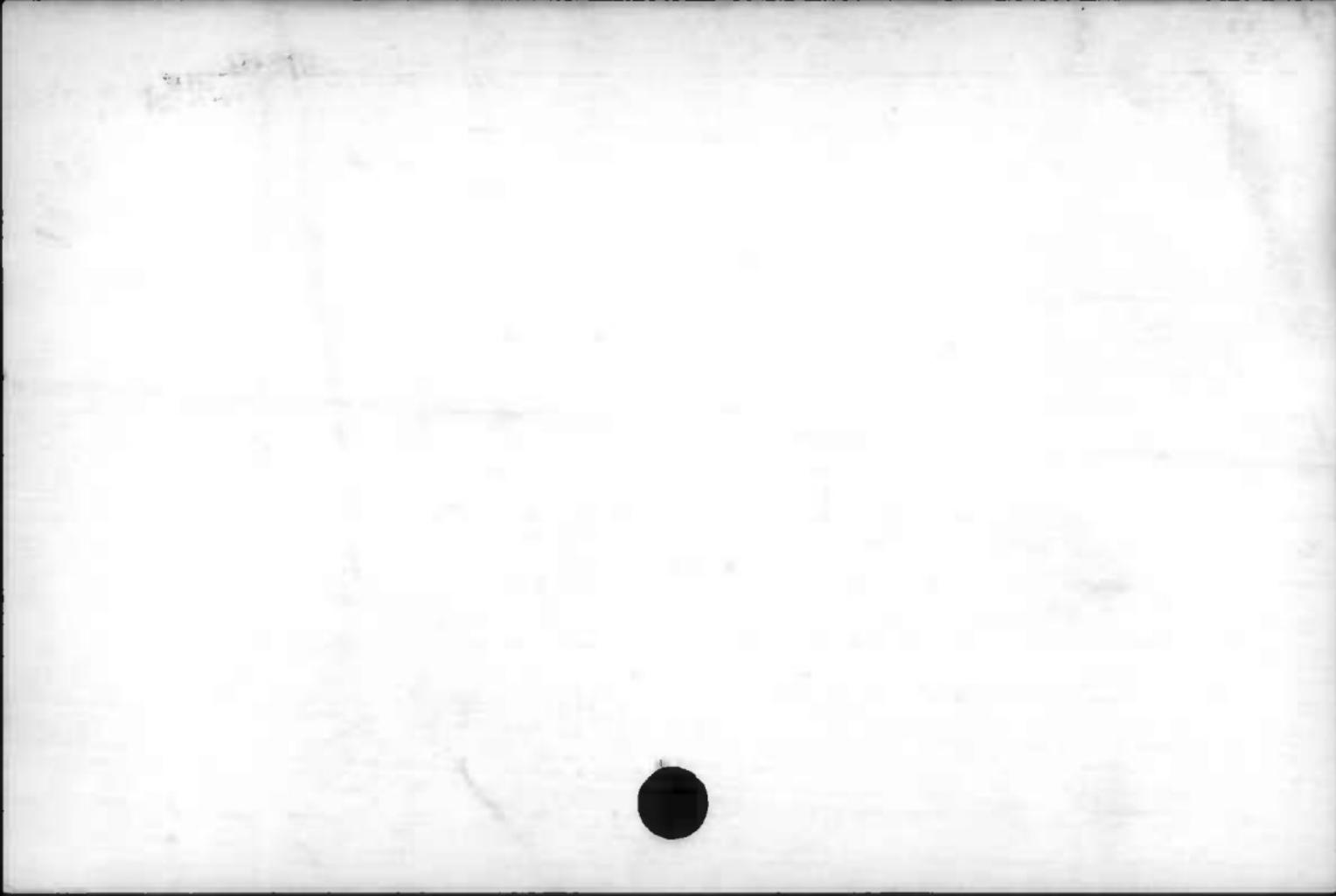
Address

Stein

A. D. Larkby
Cumberland
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

infant		Ginn		CERTIFICATE OF DEATH			
Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Age				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Geo Ginn				West O a		
Mother's Maiden Name	Edith Hotday				Md		
Name of person giving Information	Geo Ginn				Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prematurity

Immediate

still born

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

LOUIS STEIN

Address

W L Owens
Cumberland Md
Owens

Accident or Suicide

10 Bedouin M

Name
in
Full

Elizabeth Fleming Soc Alpha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Loracounty

Town

County

MARYLAND

Date of death 1909 Month Day

Years

Month Days

Age 61

1 15

Sex Female

Color or Race

White

Birthplace

Scotland

Occupation

Honeymoon

Where Raising if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or Husband

John M. Alpin

Father's Birthplace

Scotland

Father's Name

Jessie Fleming

Mother's Birthplace

Scotland

Mother's Maiden Name

Margaret Smith

How related
to deceased

Husband

Name of person giving
Information

Jno. M. Alpin

113

How long

3 months

Primary

Inflammation of gallbladder

How long

4 days

Immediate

Tumor

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry M. Holman
Loracounty, Ind.

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

John A. Mc Kee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Cumberland alleg.
Died at Month Day Years Months Days
Date of death 1909 Nov. 20 Age 49 3 -
Sex Male Color or Race White Birth-place Cumbd
Occupation Storekeeper Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband None
Father's Name alleg Mc Kee Father's Birthplace Pa
Mother's Maiden Name Margrette Alexander Mother's Birthplace Pa
Name of person giving Information Mrs. E.R. Niff How related to deceased Sister.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Intestinal Neoplasm

Immediate

Uraemia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

LOUIS STEN.

Dr. F. L. Owen
Cumberland Md

Accident or Suicide

no

2981

Name
in
Full

Elijahell Manning,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month Nov.	Day 7	Years 83	Months 1	Days 1
Sex Female	Color or Race White	Birth-place England			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband William Manning	Father's Birthplace England			
Father's Name William Spill	Mother's Birthplace England				
Mother's Maiden Name Ann Britt	How related to deceased Brother				
Name of person giving information W.V.B. Spill,					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Youngstown
Manning

Accident Suicide

Frostburg Furniture & Mfg Co

Allegheny Cemetery

Name
in
Full

Jacob Wm. Marker
16m
Cumberland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
- NEAREST FRIEND

Died at	County		MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	— 14
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	None	
Father's Name	Geo G. Marker		
Mother's Maiden Name	Fannie B Carson		
Name of person giving Information	Geo G. Marker		

CAUSES OF DEATH

Primary

Mitral regurgitation 3 days

Immediate

Congestive 1 day

Are the name, age, sex, color, date and place correctly given above?

Steve

Yes

Signature of Physician

Address

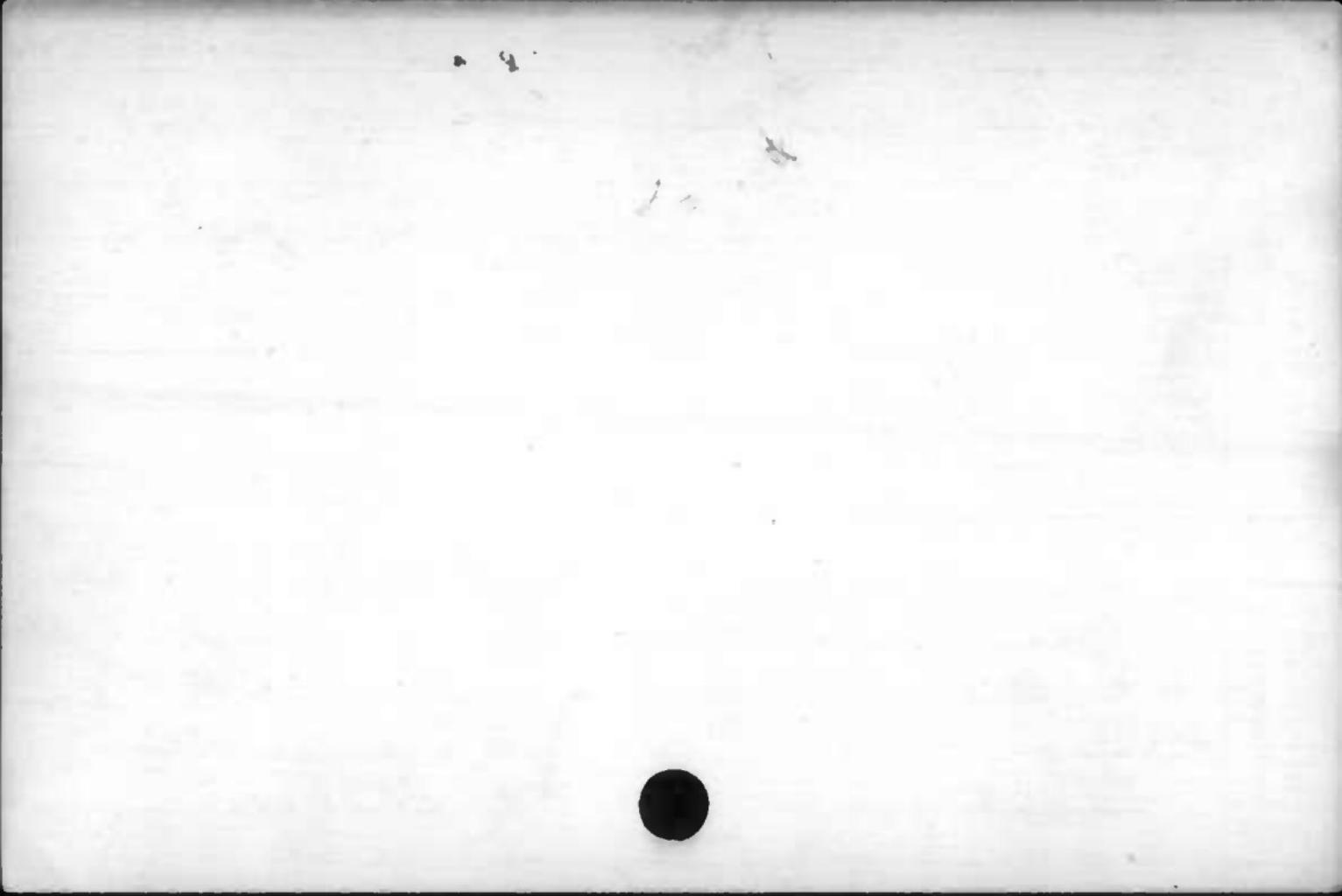
William A. Foard, M.D.
109 Virginia Ave.,
Cumberland, Md.

79

How long

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Peter Martz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died st

Town

Cresaptown

County

alleg.

MARYLAND

Date
of death

1909

Month

Nov.

Day

14

Year

80

Months

-

Days

-

Age

80

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ollie Wiggy

Father's
Name

Marty Martz

Father's
Birthplace

Germany

Mother's
Maiden Name

D.K.

Mother's
Birthplace

D.K.

Name of person giving
Information

Julius Grabenstein

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Carcinoma Sternum

40

✓

How long

3 months

How long

immediate

Immediate

Sternumfracture

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

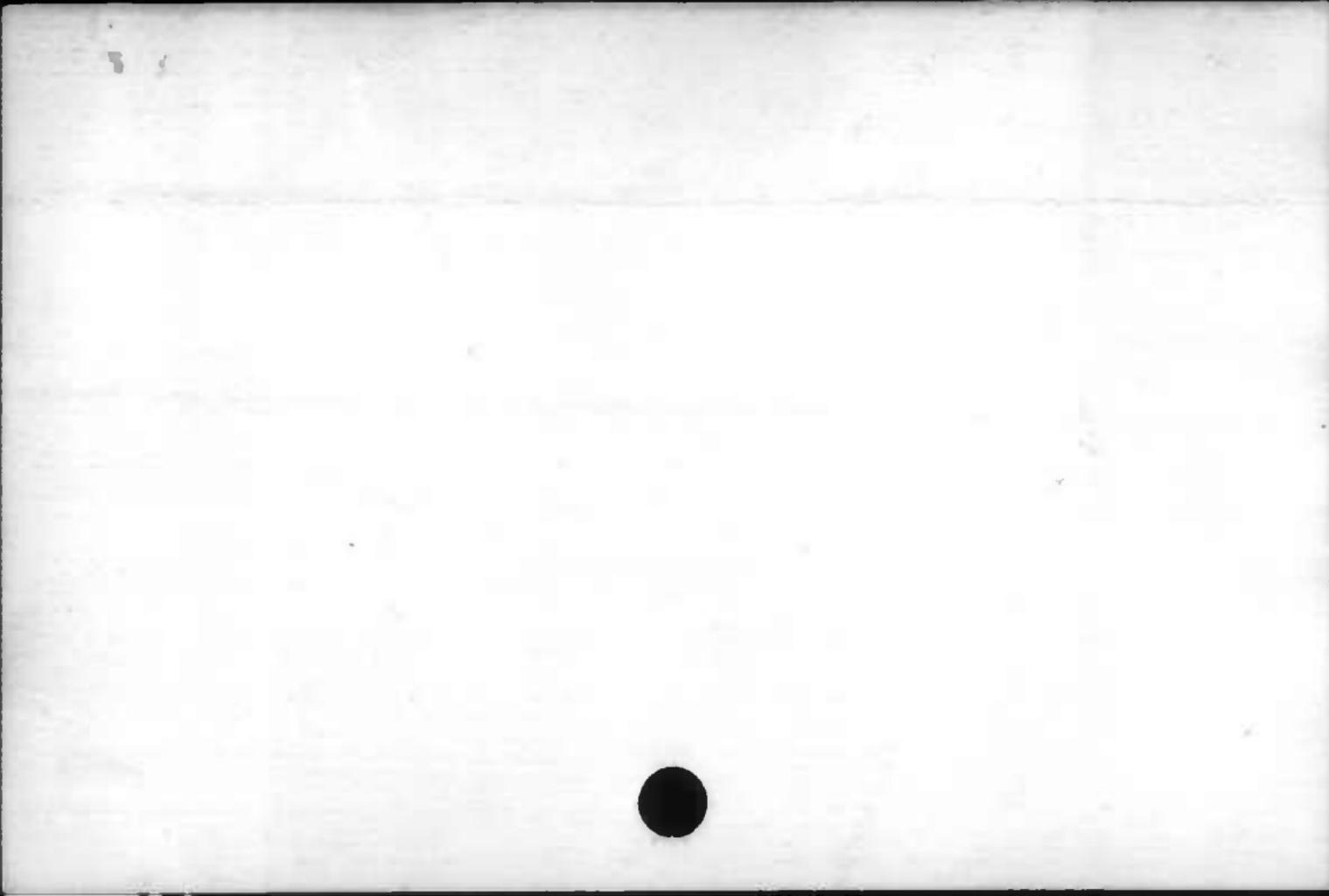
Signature of
Physician

Address

E. L. Cunningham Reg.
Cresaptown
McB

Accident or Suicide

81



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Miller.

CERTIFICATE OF DEATH

Died at Cumuland

County Alleg.

Date of death 1909 Nov. 8

Age 34

MARYLAND

Sex Male

Color or Race

Colored

Birth-place

Md

Occupation Waiter.

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Vir Robison

Father's Name

Addison Miller

Father's Birthplace

Md

Mother's Maiden Name

Dont know

Mother's Birthplace

D.P.

Name of person giving
Information

Mary Miller

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Spinal meningitis

61

How long

14 days.

Immediate

Uremia

6 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Spurgeon Sparks,
107 N. Mechanic
Sparks

Accident or Suicide

wife of Col. John
at Glencoe
Rev Garrison
interv.

K. P.

Mason

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	Allegany		
Date of death 1909	Month Nov	Day 12	Years 78
Age	Months	Days	
Sax Male	Color or Race White	Birth-place Pa	
Occupation Merchant	Where Residing if not at place of death	Penns Loggs	
Married, Single or Widowed Married	Name of Wife or Husband	Father's Birthplace	Unknown
Father's Name Unknown	Mother's Birthplace	Mothar's Birthplace	Unknown
Mother's Maiden Name Unknown	Name of person giving Information	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Algal Sennosis

79

How long

1 yrs years

Immediate

Pulmonary Angestin

How long

3 hours

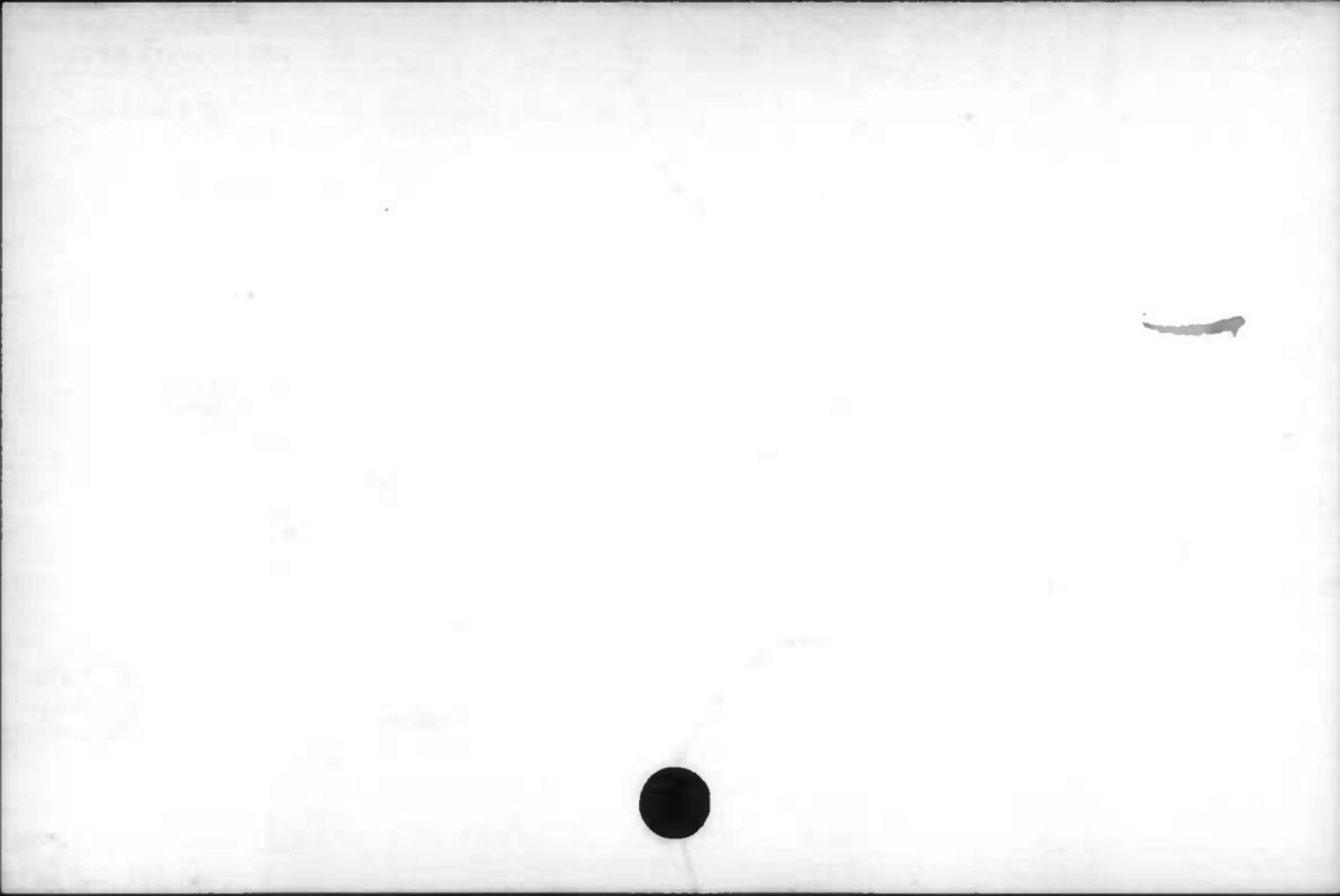
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

J. L. Skilling M.D.
Ligonier



Name
in
Full

Nicodamus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Savage</u>		Town	County <u>allegany</u>		MARYLAND
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>2</u>	Years	Montha	Deys <u>12</u>
Sex <u>male</u>	Color or Race <u>white</u>	Age	Birth-place <u>Mt Savage</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John Nicodamus</u>				
Mother's Maiden Name	<u>Anna Luekey</u>				
Name of person giving Information	<u>John Nicodamus</u>				

CAUSES OF DEATH

151

How long

✓

Primary

8 mⁿ baby

Immediate

granite

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and places correctly given above?

Signature of Physician

Address

F. Allen, E. Hunnayle
Mt Savage Md

Accident or Suicide



Name
in
Full

William Offman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Germany
Mother's Maiden Name	Catherine Leemert	Mother's Birthplace	Germany
Name of person giving information	William Crowe	How related to deceased	Bro.-sp. law

CAUSES OF DEATH

120

How long

Primary

Bright's disease

3 months

Immediate

exhaustion

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Grier,
Frostburg, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

~~Frostburg Furniture and Co~~

~~German Lutheran Cemetery~~

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs James Park

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Lonaconing	Age	74	Month	Days
Date of death	1909	Month	Feb	Day	8
Sex	Female	Color or Race	White	Birth-place	Scotland
Occupation	None				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Park (deceased)				
Mother's Maiden Name	Robert Cunningham				
Name of person giving Information	Margaret Stewart				
	Passie Park				

CAUSES OF DEATH

Primary

Chronic interstitial Nephritis

Immediate

Anasarca

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

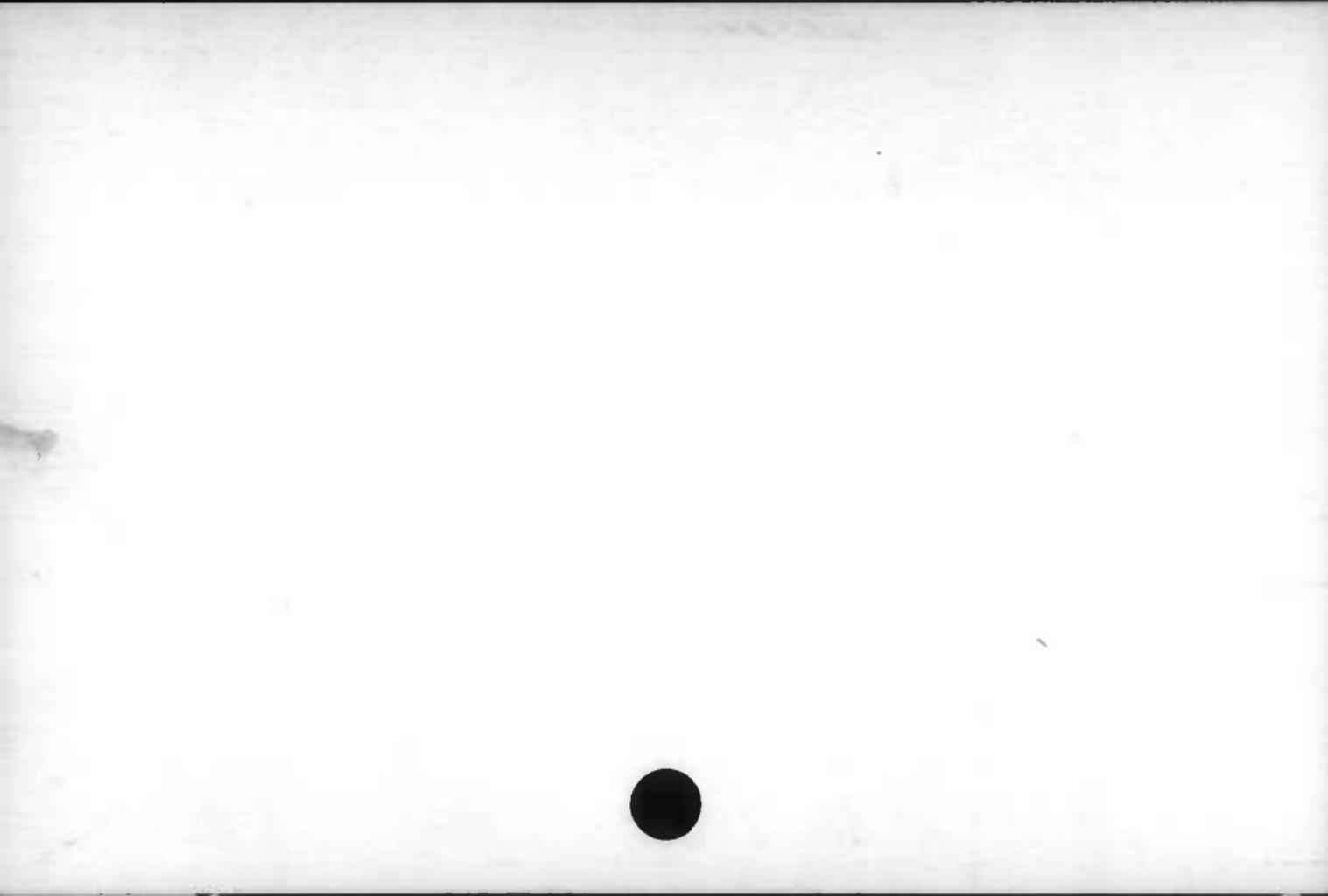
120

How long

How long

How long

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo. W. Perdew

CERTIFICATE OF DEATH

Died at	Month		Day	Age	Years	Month	Days
Date of death 190	9	Month	16	Age	39	Month	Days
Sex	Color or Race		Where Residing if not at place of death		Birth-place		
Occupation	Blackmer		Mary Perdew		Pennsylvania, Fairhope Pa.		
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Pa		
Father's Name	Oliver Perdew		Mother's Birthplace		Pa		
Mother's Maiden Name	Rebecca Perdew		How related to deceased		Wife		
Name of person giving Information	Mrs Mary Perdew.						

CAUSES OF DEATH

Primary

Cerebral Embolism

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

82

How long

How long

1 hour

08 minutes

Accident or Suicide

Fairhope Pa

William R. Foard M.D.
109 Virginia Ave
Cumberland Md.

109 Virginia Ave.

Name
in
Full

Richard Arlington Plant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Cumberland	Alleg					
Date of death 1909 Nov	Month Month	Dsy Days	Years	Age	Months	Days
Sex Male	Color or Race White	Birth-place 0				
Occupation Sailor	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Bessie McBollough					
Father's Name Michael	Father's Birthplace Ireland					
Mother's Maiden Name Mary O'Neil	Mother's Birthplace " 01					
Name of person giving information Bessie Plant	How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apostasy

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Eff. Whit

Address

64

How long

2 yrs

1 week

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Lavessa Plummer		County		MARYLAND	
Died at	own	Alleged	age	Years	Months	Days	
Date of death	Month	Age	62	11	17		
1909 Nov	3	Color or Race	white	Birth- place	Vale Summit		
Sex	Female	Where residing if not at place of death					
Occupation	House wife						
Married, Single or Widowed		Name of Wife or Husband	Thomas Plummer				
Father's Name	George Lohr						
Mother's Maiden Name	Mary E. Bernard						
Name of person giving Information	Mrs. Mary E. Hansell						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart trouble

79

How long

year

Immediate

Heart Failure

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

yes

Address

George L. Springer
Frostberry, Md

Accident or Suicide

Horsbury Farmhouse

W^o Suckie

Lancashire

Name
in
Full

Elizabeth Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1909

Month

Day

Years

Months

Deys

Age 72

Sex

Color or
Race

Colored

Birth-
place

Md

Occupation

None

Where Reiding if not
at place of death

Married, Single
or Widewed

Widow

Name of Wife or
Husband

Fredrick Rhodes

Father's
Name

Don't Know

Father's
Birthplace

D.K.

Mother's
Maiden Name

" "

Mother's
Birthplace

Mukwonie

Name of person giving
Information

Edward Rhodes

How related
to deceased

Son

CAUSES OF DEATH

40

✓

Primary

Cancer of stomach

6 mos

Immediate

Exhaustion

How long
11 days

Are the name, age, sex, color, date
and place correctly given above?

Steve

yes

Signature of
Physician

Address

Surgeon and Painter
Baltimore and
Maryland

Accident or Suicide

no

Edward

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mollie Rizer

Town

Died at Frostburg

County

Alleg

CERTIFICATE OF DEATH

MARYLAND

Date

of death

90

Month

Nov.

Year

18

Years

48

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Simon Rizer

Father's
Birthplace

Md.

Mother's
Maiden Name

Henretta Holzman

Mother's
Birthplace

Md.

Name of person giving
Information

Mr. Rizer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Foolish minded

How long

46 years

Immediate

Paralysis heart

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Accident or Suicide?

Address

J. L. Sonroy
Frostburg Md.

old cemetery
top of town

Name
in
Full

Kargonie Eloise Roby.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Cumuland	alleg.		
Date of death 1909 Nov.	Month 14	Day	Years 2
Age 3	Months	Days 4	
Sex Female	Color or Race White	Birth-place Cumuland	
Occupation None	Where Residing if not at place of death ✓		
Married, Single or Widowed Single	Name of Wife or Husband None		
Father's Name Clifton Roby.	Father's Birthplace St. ra.		
Mother's Maiden Name Hattie Grimes	Mother's Birthplace St. ra.		
Name of person giving Information Clifton Roby	How related to deceased Father.		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Oretumism

Immediate Tetanic muscular contractions

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Thos. W. Lovell

Address

Cliftonland

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Michael Ryan
Timothy
Colleges
1907 Nov 17 64 —
Male white Maryland
Domestic —
X
Michael Ryan
Amy Hutchinson
Patrick County
Declan
Declan
Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiac arrest 76269

Immediate Sphincter

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

79

How long

2 months

Michael Ryan
Maryland

Accident or Suicide?

J. Hafey Catholic C.

Name
in
Full

John W. Sauerbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Town	County		
Died at Frostburg	allegany		
Date of death 1909 Nov.	Month 2	Day 27	Years 82
Sex male	Color or Race white	Birth-place Pa	
Occupation Carpenter	Where Residing if not at place of death Susan E. Walsh		
Married, Single or Widowed widower	Name of Wife or Husband Susan E. Walsh	Father's Name Dorethea	Father's Birthplace Pa
Mother's Maiden Name Dorethea	Mother's Birthplace Pa	Name of person giving Information Charles Sauerbaugh	How related to deceased Son

CAUSES OF DEATH

81

How long

years

Primary

Arteriosclerosis

Immediate

Securley

How long

years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Crier
Frostburg, Md

Accident or Suicide

F. F. & N Co.

Prijs Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A Shilling

Town

County

Died at

Bear Cawld & albg.

MARYLAND

Date
of death

1909 Nov.

Month

Day

Years

Age

81

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Shilling

Father's
Birthplace

D.K.

Father's
Name

Robert Mc Coy

Mother's
Maiden Name

Donot know

Mother's
Birthplace

D.K.

Name of person giving
Information

Amos Tashley

How related
to deceased

Son in law.

CAUSES OF DEATH

Primary

Cardiac dilatation

79

How long

1 year

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. R. Hodge
Chamberland.

Accident or Suicide

Flushing



Name
in
Full

John C Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Color or Race	Age	15	6	6
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cumberland			
Father's Name	Wm m Snyder				
Mother's Maiden Name	Annie Layton				
Name of person giving Information	Wm m Snyder				

CAUSES OF DEATH

Primary

Gunshot wound of Abdomen (Spleen)

Immediate Shock, following removal

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

166

How long

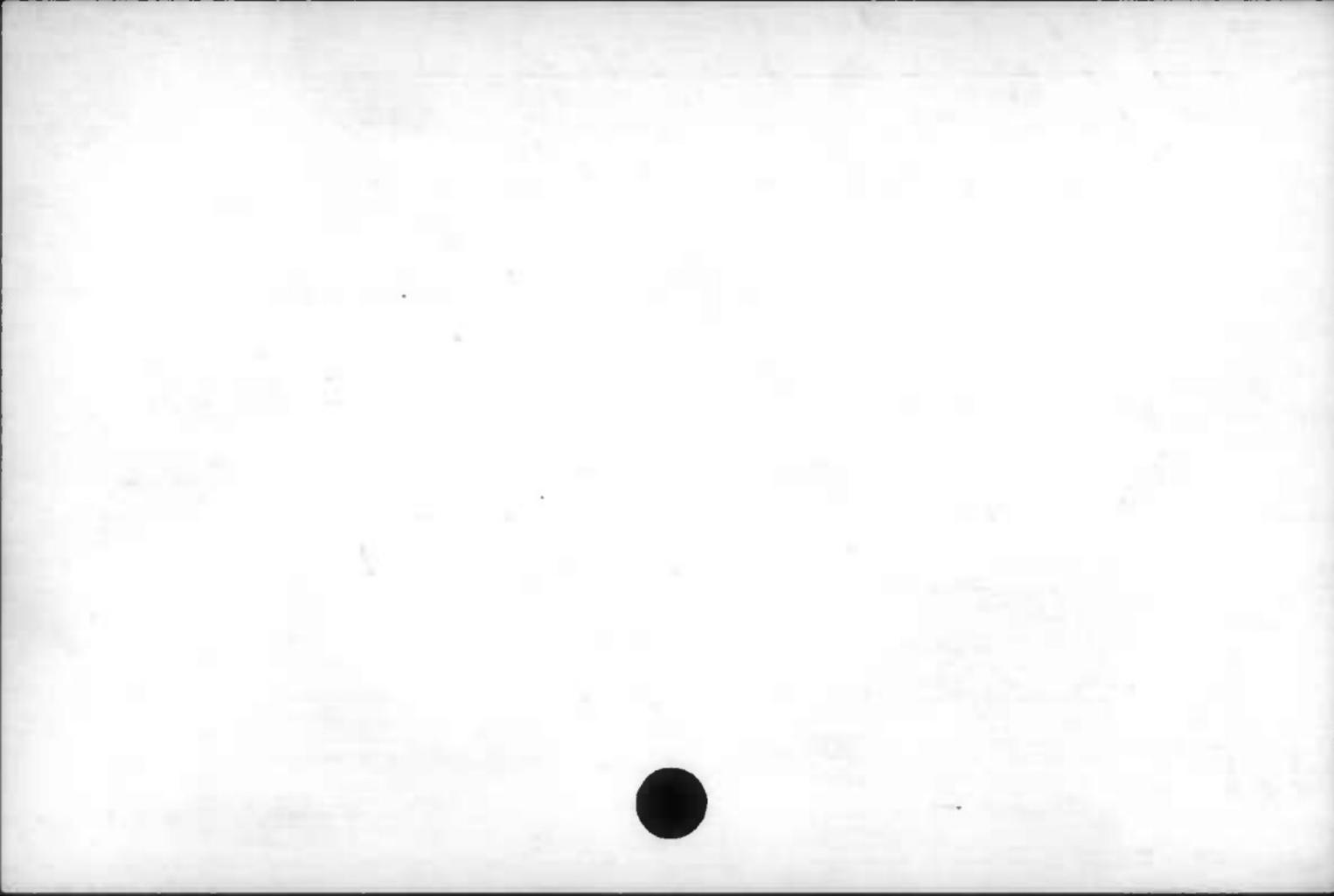
3 hrs

How long

14 hrs.

Accident or Suicide

J. H. Connelly



Name
in
Full

James R. Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Baltimore

Month Nov Day 8

County

Oregon

MARYLAND

Date
of death 1909

Month

Day

Years

Months

Days

Age —

one -

Sex Male

Color or
Race

White

Birth-
place

Baltimore.

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

— Stone

Father's
Birthplace

Father's
Name

Joseph C. Steward

Baltimore.

Mother's
Maiden Name

Laura L Wilkes

Baltimore

Name of person giving
Information

Joseph C. Steward

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Meningitis

(61)

How long

4 days

Immediate

Asphyxia

How long

14 day

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Dr. J. D. Steward,
Baltimore, Md.

Accident or Suicide

Charles G. Brown
John St. 11
Yankee S. " "

Chester Brown
Pawtucket

Name
in
Full

Joseph Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oldtown Town Alleg County MARYLAND

Date of death 1909 Month Nov Day 15 Years 29 Months — Days —

Sex Male Color or Race White Birth-place Md

Occupation Logeman Where Residing if not at place of death Kuffs Sawmill

Married, Single or Widowed Married Name of Wife or Husband Martha Taylor Father's Birthplace England

Father's Name Joseph Taylor Mother's Birthplace England

Mother's Maiden Name Eliza Taylor How related to deceased Father

Name of person giving information Joseph Taylor

CAUSES OF DEATH

Primary

Broken neck caused by falling log

164

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Stein

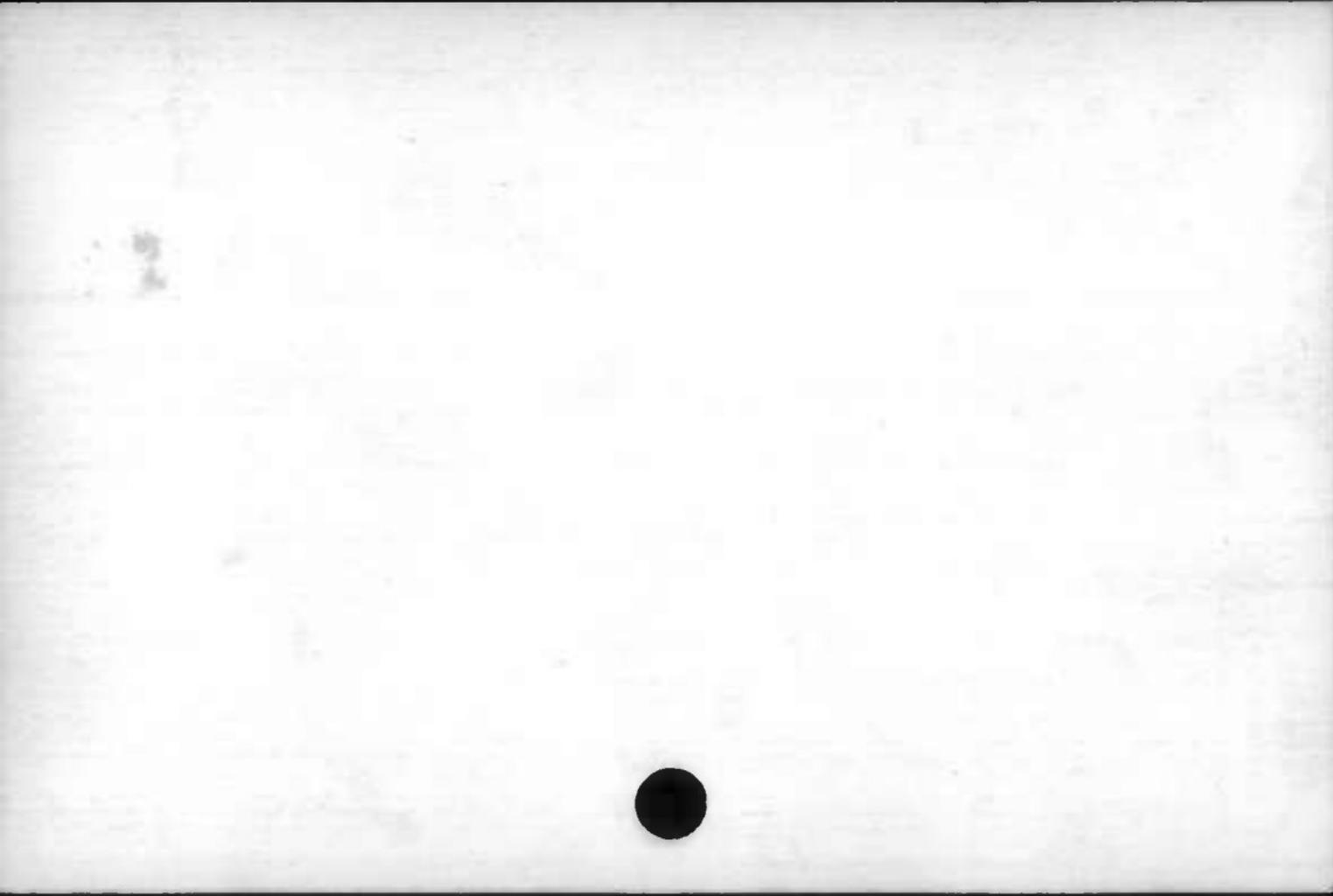
Signature of Physician

Address

Dr Hinesbaugh
Oldtown Md

Accident

PHYSICIAN
OR CORONER



Name
in
Full

Lewis Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Mosbyburg

County

Allegany

MARYLAND

Date
of death

Month

Day

1909 11 1

Years

Months

2 2

Days

22

Sex

M.

Color or
Race

Age
71

Birth-
place

Md

Occupation

-

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George W. Thomas

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Rank

Mother's
Birthplace

Md

Name of person giving
Information

George W. Thomas

How related
to deceased

Father

Primary

CAUSES OF DEATH

Playing with matches
Burnt to death

(167)

How long

✓

Immediate

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr W. W. Lane
Mosbyburg Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Accident

F. L. & Co.
Mr. L. Connelly

Name
in
Full

Abram L. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Gilmores	allegany	MARYLAND			
Date of death	Month	Day	Years	Months	Days
1909	Nov.	3	10	3	21
Sex	Color or Race	Birth-place			
Male	white	Gilmores, Md.			
Occupation	Where Residing if not at place of death				
School-boy	Gilmores, Md.				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Abram L. Thompson	California				
Mother's Maiden Name	Mother's Birthplace				
Margaret C. Kerr	Borden Sheft, Md.				
Name of person giving information	How related to deceased				
Abram L. Thompson	Father				

CAUSES OF DEATH

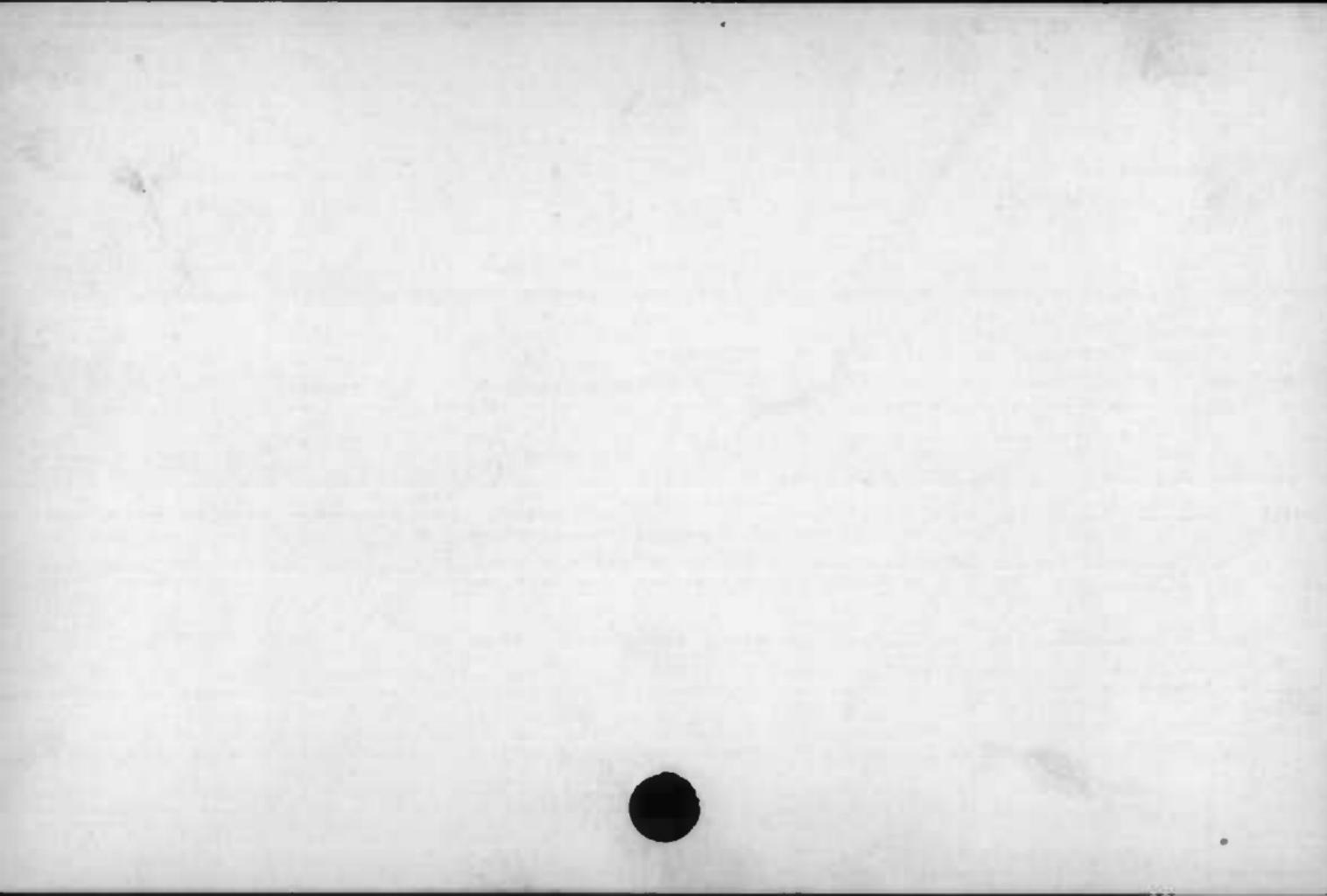
93

Primary	Lobar Pneumonia	How long	17 days
Immediate	Lobar Pneumonia	How long	17 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. P. O'Neil

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Bernard Walsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
ON CORONER

Died at		Town	County		MARYLAND	
Died at	Sonoma	County	Allegany			
Date of death	1909	Month	Day	Years	Months	Days
	Nov.		17	5-	4	14
Sex	Male	Color or Race	white	Birth-place	Sonoma	
Occupation	none -	Where Residing if not at place of death		—		
Married, Single or Widowed	Single	Name of Wife or Husband		—		
Father's Name	John J. Walsh	Father's Birthplace		West Va,		
Mother's Maiden Name	Mary Berkenbaugh	Mother's Birthplace		Midland Co,		
Name of person giving Information	John J. Walsh	How related to deceased		Father		

CAUSES OF DEATH

Primary

Croop- Bronchitis
Heart failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James O. Bueckley,
Sonoma, Maryland

Accident or Suicide

No

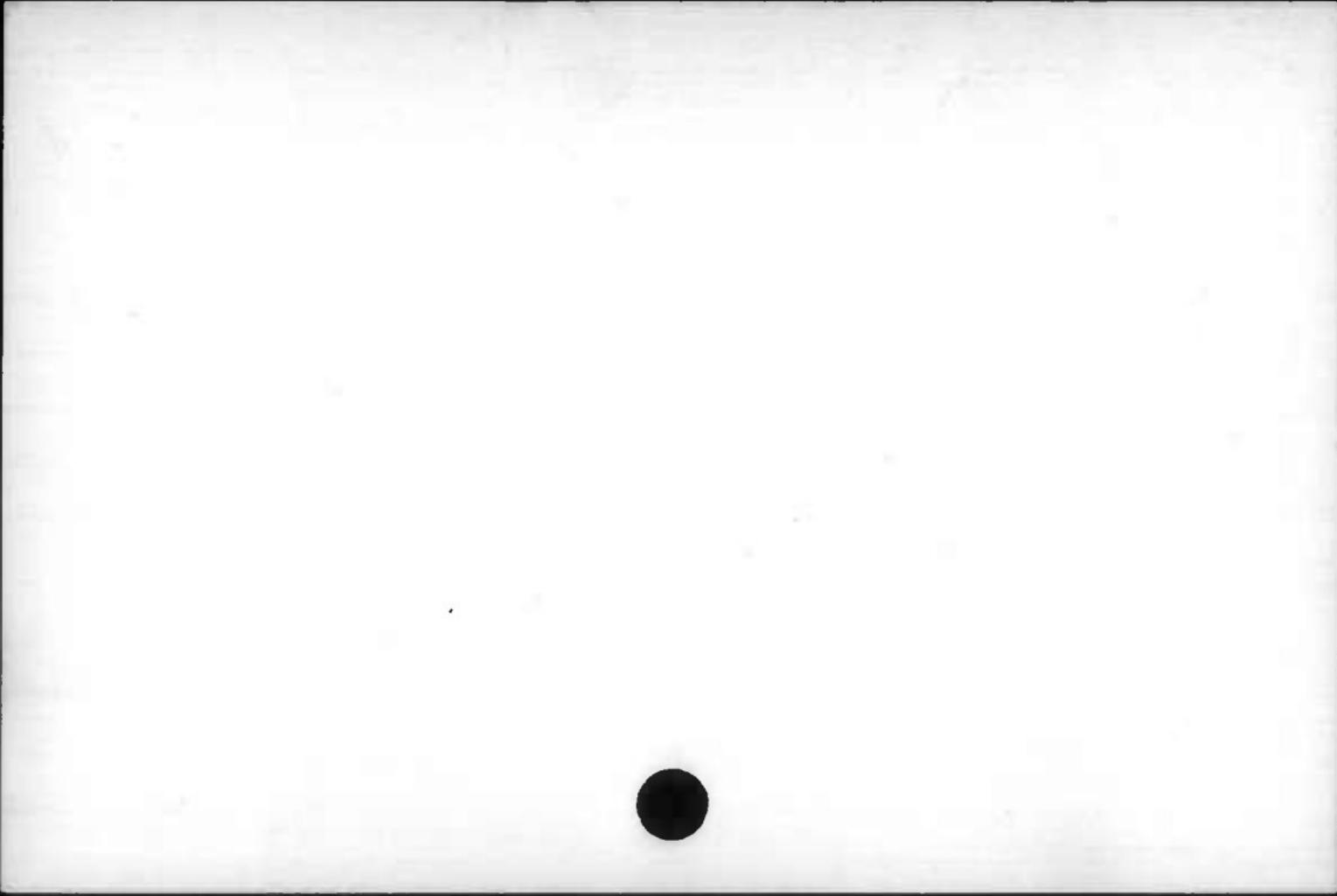
9

How long

24 hours

How long

5 feet 3 inches



Name
in
Full

Louisa Hambach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Hrostburg

Co. or
County
Allegany

MARYLAND

Date
of death

1909

Month
11

Day
29

Years
70

Months

Days

Age

70

Sex
M.

Color or
Race
W.

Birth-
place
Maryland

Occupation
H. W.

Where Residing if not
at place of death

Married, Single
or Widowed

Name of wife or
Husband
John Hambach

Father's
Name
Conrad Heis

Father's
Birthplace
Germany

Mother's
Maiden Name
Unetta Althouse

Mother's
Birthplace
Germany

Name of person giving
Information
Mrs John Heis

How related
to deceased
Sister-in-law

CAUSES OF DEATH

64

How long

Primary

Cerebral Hemorrhage

How long

48 hours,

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

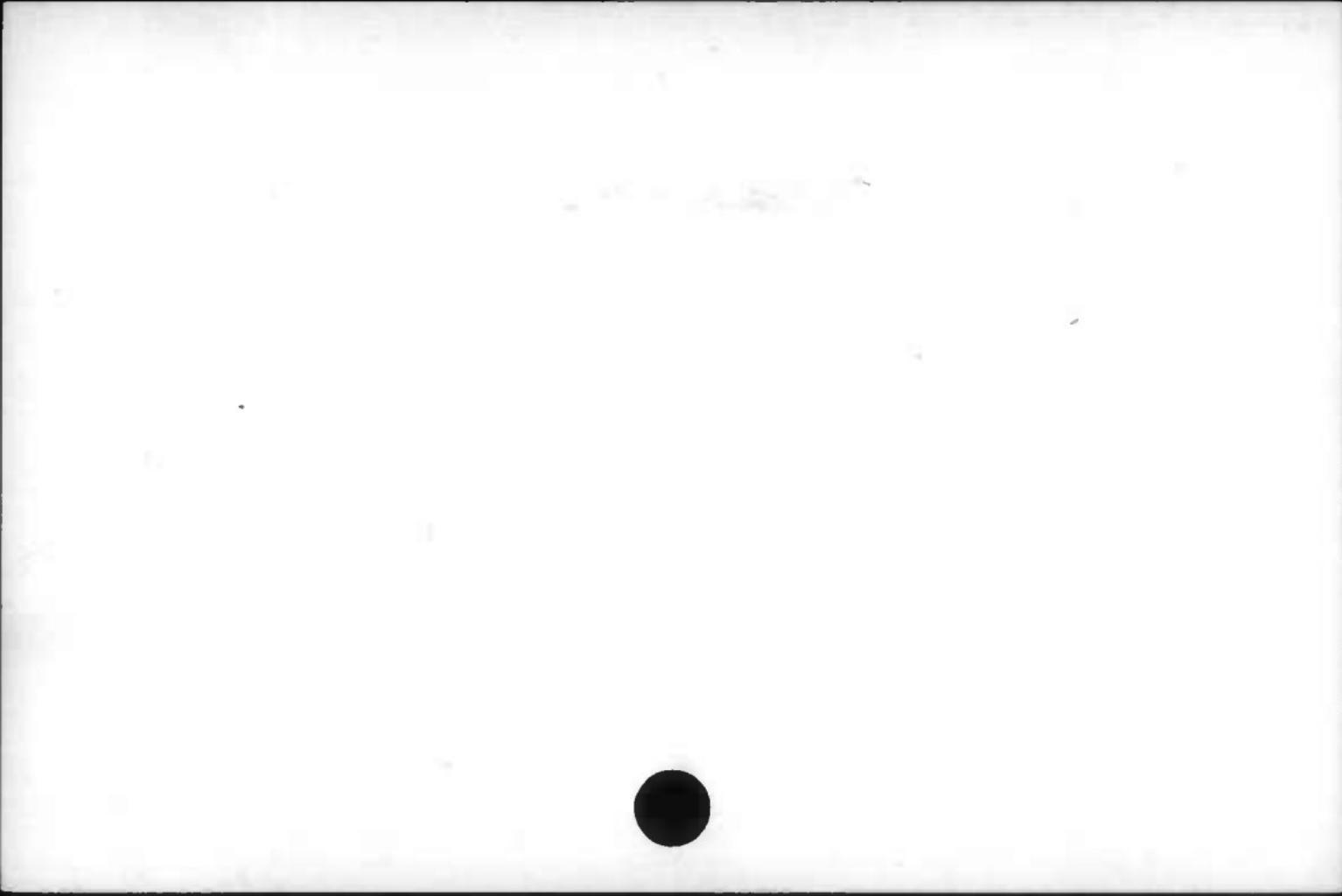
Address

Dr Tom Lane

Hrostburg Md

PHYSICIAN
OR CORONER

Accident or Suicide



allegheny cemetery

Allegheny Cemetery

top of town

Name
in
Full

Virginia E White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
Date of death	Month	Year
Age	Years	Months
Sex	Color or Race	Birth-place
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Father's Name	Andrew White	Mother's Birthplace
Mother's Maiden Name	Chora Woodrow	How related to deceased
Name of person giving Information	Mrs Frederick H Wilson	



PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cancer in abdomen

45

How long

7 or 8 mos.

Immediate

Final exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

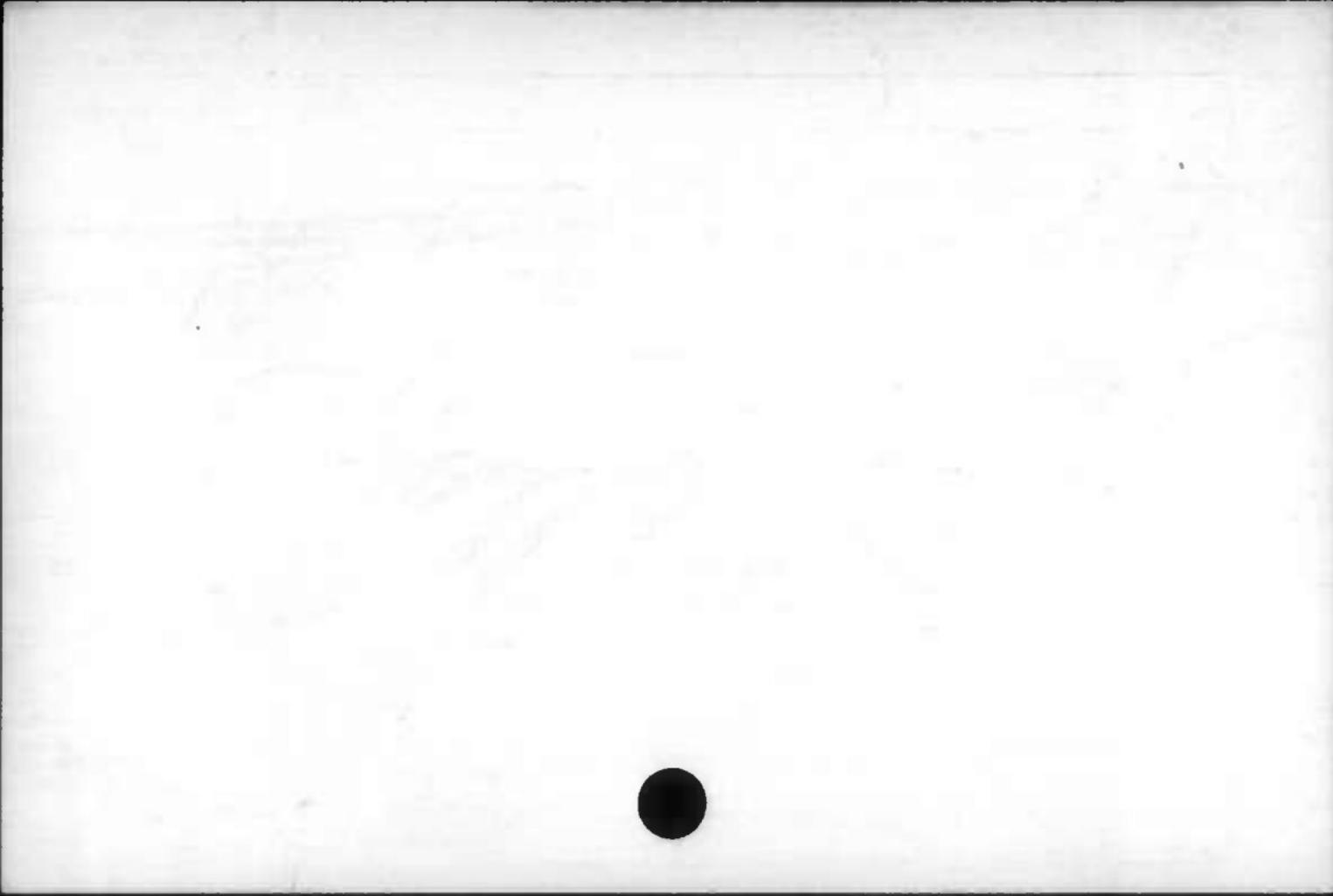
Address

JB

W.W. Wiley

Accident or Suicide

White



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margrill Williams

Town: Horseshoe Colloq County

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Month	Days
Date of death	1909 Nov	11	Age	11	
Sex	Color or Race	Birth-place			
Occupation	School Girl	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Williams				
Mother's Maiden Name	Janet Pollock				
Name of person giving Information	Mrs. Horne				

CAUSES OF DEATH

Primary

Opiumatism

How long

2 yrs

Immediate

Cardiac decomp.

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Margrill Williams

Accident or Suicide?

J.F.W Co
Alleghany

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Town Died at Month Day Years Months Days
Baltimore, MD *Aug 1909* *18* *1909* *81* *-* *-*

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Sarah F. Woon

Father's
Name

Horatio Woon

Father's
Birthplace

*Baltimore Co
Maryland*

Mother's
Maiden Name

Sarah Woon

Mother's
Birthplace

Opp. known

Name of person giving
Information

How related
to deceased

Primary

CAUSES OF DEATH

66

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Eckhart Cm

F. F. & H Co